

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000084550

Entity Name: FAMILY TRADITIONS LLC

FILED  
Oct 07, 2007  
Secretary of State

## Current Principal Place of Business:

1188 AXTEL TERRACE  
PORT CHARLOTTE, FL 33953

## New Principal Place of Business:

352 LAKE ROAD  
VENICE, FL 34293 US

## Current Mailing Address:

1188 AXTEL TERRACE  
PORT CHARLOTTE, FL 33953

## New Mailing Address:

1188 AXTEL TERRACE  
PORT CHARLOTTE, FL 33953 US

FEI Number: 20-5699260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MORRISON, NOEL  
1188 AXTEL TERRACE  
PORT CHARLOTTE, FL 33953 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NOEL MORRISON

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MORRISON, NOEL  
Address: 1188 AXTEL TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGRM ( ) Delete  
Name: MORRISON, CHERRY  
Address: 1188 AXTEL TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33953

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NOEL MORRISON

MGRM

10/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date