

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000090170

**FILED**  
**Oct 24, 2009**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MIRACLE LEAGUE SOUTH LAKE LLC

**Current Principal Place of Business:**

3957 BEACON RIDGE WAY  
CLERMONT, FL 34711

**New Principal Place of Business:**

1157 W. MAGNOLIA STREET  
CLERMONT, FL 34711

**Current Mailing Address:**

3957 BEACON RIDGE WAY  
CLERMONT, FL 34711

**New Mailing Address:**

1157 W. MAGNOLIA STREET  
CLERMONT, FL 34711

**FEI Number:** 02-0535393      **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:**

AM&E SERVICES LLC  
605 EAST ROBINSON STREET STE 730  
ORLANDO, FL 32801 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:** AM&E SERVICES, LLC

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** S      (X) Delete  
**Name:** MYERS, ERIN  
**Address:** 500 W MYERS BLVD  
**City-St-Zip:** MASCOTTE, FL 34753

**Title:** T      ( ) Delete  
**Name:** BEEBE, ELIZABETH A  
**Address:** 1157 MAGNOLIA ST  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** P      ( ) Delete  
**Name:** LOPRESTO, TONY  
**Address:** 18301 S O'BRIEN RD  
**City-St-Zip:** GROVELAND, FL 34736

**Title:** V      (X) Delete  
**Name:** BRYNILD, JAY  
**Address:** 16431 GOLDEN EAGLE BLVD  
**City-St-Zip:** CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

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

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

**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:** ELIZABETH A. BEEBE

T

10/24/2009

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