

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000091657

1. Entity Name
UNDERSTANDING U, P.L.



FILED

2009 MAR -3 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1034 NW 57TH ST
SUITE C
GAINESVILLE, FL 32605

Mailing Address
24124 N.W. 78TH AVENUE
ALACHUA, FL 32615

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERTZ, DIANE P
24124 N.W. 78TH AVENUE
ALACHUA, FL 32615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diane P. Wertz

(NOTE: Registered Agent signature required when reinstating)

1/22/09

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME WERTZ, DIANE P
STREET ADDRESS 24124 N.W. 78TH AVENUE
CITY-ST-ZIP ALACHUA, FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Wertz, Diane P.
STREET ADDRESS 874 NW 50th Terrace
CITY-ST-ZIP Gainesville, FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Diane P. Wertz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/09 352332-9015

Date

Daytime Phone #