

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119767

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

**Entity Name:** LIBERTY PARTNERS OF FLORIDA, LLC

**Current Principal Place of Business:**

325 W. COLLEGE AVE.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 390  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 20-8037219      **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:**

**Name and Address of New Registered Agent:**

GREEN, JENNIFER  
325 W COLLEGE AVENUE  
TALLAHASSEE, FL 32301      US

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:** JENNIFER GREEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** WOODS, ANDREW  
**Address:** 12 BRIERLEIGHT COURT  
**City-St-Zip:** LUTHERVILLE, MD 21093

**Title:** MGRM      ( ) Delete  
**Name:** EATON, JAMES  
**Address:** 3682 BOBBIN BROOK CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**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:** ANDREW WOODS

MGRM

10/12/2009

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