


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000017434		
1. Entity Name COURTNEY FISHER, LLC		

Principal Place of Business 10100 SAILWINDS BLVD. NORTH #208 LARGO, FL 33773 US	Mailing Address 10100 SAILWINDS BLVD. NORTH #208 LARGO, FL 33773 US
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2. Principal Place of Business - No P.O. Box # 12057 105th Ave N.	3. Mailing Address 12057 105th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Seminole, FL	City & State Seminole, FL
Zip 33778	Zip 33778
Country US	Country US

FILED
09 MAR 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-8444435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FISHER, COURTNEY 10100 SAILWINDS BLVD. NORTH #208 LARGO, FL 33773	
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7. Name and Address of New Registered Agent Name <u>Fisher, Courtney</u> Street Address (P.O. Box Number is Not Acceptable) <u>12057 105th Ave N.</u> City <u>Seminole</u> FL Zip Code <u>33778</u>	
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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 <u>Courtney Fisher</u> DATE <u>3/1/09</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, COURTNEY 10100 SAILWINDS BLVD. NORTH, #208 LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Fisher, Courtney 12057 105th Ave N. Seminole, FL 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2008-09 JB

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: <u>Courtney Fisher</u> DATE <u>3/1/09</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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