

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000023160

**FILED**  
**Nov 04, 2011**  
**Secretary of State**

**Entity Name:** FREEDOM TAX FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

1393 PIAZZA DELLE PALLOTTOLE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

1030 S. FEDERAL, HWY  
121  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1393 PIAZZA DELLE PALLOTTOLE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

1030 S. FEDERAL, HWY  
121  
DELRAY BEACH, FL 33483

**FEI Number:** 20-8508194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEAN PIERRE, WILNICK  
305 SE 4TH AVE  
DELRAY BEACH, FL 33483 US

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

JOSEPH JEAN-CLAUDE  
305SE 4TH AVE  
DELRAY BEACH, FL 33483 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: JOSEPH JEAN-CLAUDE

11/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JOSEPH, JEAN -CLAUDE  
Address: 305 SE 4TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM  
Name: JAIME, NARVAEZ  
Address: 305 SE 4 TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: CLAIRE, CANTAVE  
Address: 256 N PASCACK RD  
City-St-Zip: SPRING VALLEY, NY 10977

I hereby 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: JOSEPH JEAN-CLAUDE

MG

11/04/2011

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