

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000042120

**FILED**  
**Nov 04, 2009**  
**Secretary of State**

**Entity Name:** BALI'S BASE STREET FLORIST, LLC

**Current Principal Place of Business:**

199 NE BASE STREET  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

199 NE BASE STREET  
MADISON, FL 32340

**New Mailing Address:**

FEI Number: 20-8874396      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:**

WILLIAMS, TAMARA  
987 W BASE STREET  
MADISON, FL 32340      US

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

WILLIAMS, TAMARA  
378 E BASE STREET  
SUITE 106  
MADISON, FL 32340      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: TAMARA WILLIAMS

11/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: THIGPEN, BALI  
Address: 2640 NW HONEY LAKE ROAD  
City-St-Zip: GREENVILLE, FL 32331

**ADDITIONS/CHANGES:**

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: BALI THIGPEN

MGR

11/04/2009

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