# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Dec 21, 2009**
**Secretary of State**

DOCUMENT# L07000067102

**Entity Name:** AMY RETAIL, LLC

**Current Principal Place of Business:**

5600 INTERNATIONAL DRIVE
ORLANDO, FL 32819

**New Principal Place of Business:**

5057 ISLEWORTH COUNTRY CLUB DR
WINDERMERE, FL 34786

**Current Mailing Address:**

5600 INTERNATIONAL DRIVE
ORLANDO, FL 32819

**New Mailing Address:**

5057 ISLEWORTH COUNTRY CLUB DR
WINDERMERE, FL 34786

**FEI Number: 77-0705187** **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:**

LEASURE, EDWARD C MR
5600 INTERNATIONAL DR.
ORLANDO, FL 32819 US

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

LEASURE, EDWARD C
5057 ISLEWORTH COUNTRY CLUB DR
WINDERMERE, FL 34786 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: EDWARD C LEASURE 12/21/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: LEASURE, EDWARD C SR.
Address: 5600 INTERNATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: LEASURE, EDWARD C
Address: 5057 ISLEWORTH COUNTRY CLUB DR
City-St-Zip: WINDERMERE, FL 34786

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: EDWARD C LEASURE MGR 12/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date