

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000090819

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA PROPERTY LOCATORS, LLC

**Current Principal Place of Business:**

5386 N.W. AKBAR TERRACE  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 881003  
PORT ST. LUCIE, FL 349881003

**New Mailing Address:**

**FEI Number:** 26-0847739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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: JUDI HARBAUGH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FARRELL, ADRIENNE  
Address: 5386 N.W. AKBAR TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM ( ) Delete  
Name: MACHADO, LUIZ  
Address: 9496 LAGO DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

**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: ADRIENNE FARRELL

MGMR

10/27/2008

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