

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000091629

FILED
Nov 19, 2009
Secretary of State

Entity Name: FOREMAN COMMERCIAL HOLDINGS, LLC

Current Principal Place of Business:

1944 AURORA RD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1944 AURORA RD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DERATANY, TODD ESQ.
C/O LAW OFFICES OF DERATANY & GOLDFARB
107 S. RIVERSIDE PLACE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

MOSLEY, CURTIS R
1221 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901 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: CURTIS R. MOSLEY

11/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOREMAN, DANIE L
Address: 1944 AURORA RD
City-St-Zip: MELBOURNE, FL 32935

Title: MGR () Delete
Name: FOREMAN, KIMBERLEAY
Address: 1944 AURORA RD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOREMAN, DANIEL
Address: PO BOX 411451
City-St-Zip: MELBOURNE, FL 32941

Title: MGR (X) Change () Addition
Name: FOREMAN, KIMBERLEAY
Address: PO BOX 411451
City-St-Zip: MELBOURNE, FL 32941

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: DANIEL FOREMAN

MGR

11/19/2009

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