

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000013014

FILED
Oct 29, 2009
Secretary of State

Entity Name: LAKEWOOD PARK POSTAL CENTER ,LLC.

Current Principal Place of Business:

5202 TURNPIKE FEEDER ROAD
D
FORT PIERCE,, FL 34951

New Principal Place of Business:

Current Mailing Address:

5411 SHANNON DRIVE
FORT PIERCE,, FL 34951 US

New Mailing Address:

FEI Number: 26-1921052 **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:

Name and Address of New Registered Agent:

PYKE, JOY L
7304 BANYAN STREET
FORT PIERCE,, FL 34951 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: JOY PYKE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMEL, DONNA L
Address: 5411 SHANNON DRIVE
City-St-Zip: FORT PIERCE,, FL 34951 US

Title: MGRM () Delete
Name: HAMEL, RAYMOND L
Address: 5411 SHANNON DRIVE
City-St-Zip: FORT PIERCE,, FL 34951 US

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: DONNA HAMEL

MGR

10/29/2009

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