

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000031949

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** THE SAMUELSON TEAM LLC

**Current Principal Place of Business:**

12737 EQUESTRIAN TRAIL  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

12737 EQUESTRIAN TRAIL  
DAVIE, FL 33330 US

**New Mailing Address:**

**FEI Number:** 26-2369668      **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:**

SAMUELSON, LUANN  
12737 EQUESTRIAN TRAIL  
DAVIE, FL 33330 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: WALTER T SAMUELSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SAMUELSON, WALTER  
**Address:** 12737 EQUESTRIAN TRAIL  
**City-St-Zip:** DAVIE, FL 33330 US

**Title:** MGRM  
**Name:** SAMUELSON, LUANN  
**Address:** 12737 EQUESTRIAN TRAIL  
**City-St-Zip:** DAVIE, FL 33330 US

**Title:** MGRM  
**Name:** SAMUELSON, ANTHONY  
**Address:** 12737 EQUESTRIAN TRAIL  
**City-St-Zip:** DAVIE, FL 33330 US

**Title:** MGRM  
**Name:** SAMUELSON, THOMAS  
**Address:** 12737 EQUESTRIAN TRAIL  
**City-St-Zip:** DAVIE, FL 33330 US

**Title:** MGRM  
**Name:** SAMUELSON, JONATHAN  
**Address:** 12737 EQUESTRIAN TRAIL  
**City-St-Zip:** DAVIE, FL 33330 US

**Title:** MGRM  
**Name:** SAMUELSON, DAVID  
**Address:** 12737 EQUESTRIAN TRAIL  
**City-St-Zip:** DAVIE, FL 33330 US

I hereby 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: WALTER T SAMUELSON

MGRM

01/10/2010

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