

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000094184

Entity Name: ODELL'S PLACE,L.L.C.

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

11850 US HWY 19 N  
7  
PORT RICHEY, FL 34668

## **New Principal Place of Business:**

## **Current Mailing Address:**

189 HAGUE CT  
SPRING HILL, FL 34606

## **New Mailing Address:**

11850 US HWY 19 N  
7  
PORT RICHEY, FL 34668

FEI Number: 80-0279960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ODELL-HICKS, ROBIN E  
189 HAGUE CT  
SPRING HILL, FL 34606 US

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

ODELL-HICKS, ROBIN E  
11850 US HWY 19  
7  
PORT RICHEY, FL 34668 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: ROBIN E ODELL-HICKS

03/01/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ODELL-HICKS, ROBIN E  
Address: 11850 US HWY 19 STE 7  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR  
Name: HICKS, CASEY  
Address: 11850 US HWY 19 STE 7  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR  
Name: ODELL, MELISSA R  
Address: 11850 US HWY 19 STE 7  
City-St-Zip: PORT RICHEY, FL 34668

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: ROBIN E ODELL-HICKS

MGR

03/01/2011

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