

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000007735

FILED
Feb 15, 2012
Secretary of State

Entity Name: MOLIERE BROTHER & SISTERS LLC

Current Principal Place of Business:

1593 ELKCAM BLVD
DELTONA, FL 32725

New Principal Place of Business:

266 DIAMOND ST
UNIT B
DELTONA, FL 32725 UN

Current Mailing Address:

1593 ELKCAM BLVD
DELTONA, FL 32725

New Mailing Address:

PO BOX 5871
DELTONA, FL 32728 UN

FEI Number: 26-4113941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOLIERE, MONETTE
1675 DUNLAP DRIVE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

MOLIERE, MONETTE
266 DIAMOND ST
UNIT B
DELTONA, FL 32725 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: MONETTE MOLIERE

02/15/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MOLIERE, MONETTE
Address: PO BOX 5871
City-St-Zip: DELTONA, FL 32728

Title: MGR
Name: MOLIERE-OSELMO, MARGALIE
Address: 266 DIAMOND ST UNIT A
City-St-Zip: DELTONA, FL 32725 UN

Title: MGR
Name: MOLIERE, MOSELEY
Address: 255 N EVANS CIR UNIT A
City-St-Zip: DELTONA, FL 32725

Title: MGR
Name: MOLIERE, MOISE
Address: 2906 BREEZY MEADOW RD
City-St-Zip: APOPKA, FL 32712

Title: MGR
Name: MOLIERE, MOZART
Address: 132 CRESTVIEW HGHTS
City-St-Zip: FRANKLIN, NC 28734

Title: MGR
Name: CHARLES, GINA
Address: 7118 LLANFAIR RD
City-St-Zip: UPPER DARBY, PA 19082

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: MONETTE MOLIERE

MGR

02/15/2012

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