

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000019029

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA PRIVATE EQUITY, LLC

**Current Principal Place of Business:**

18932 N DALE MABRY HWY  
LUTZ, FL 33556

**New Principal Place of Business:**

19302 GUNN HWY  
ODESSA, FL 33556

**Current Mailing Address:**

P O BOX 128  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARAMOUNT TITLE OF TAMPA BAY, LLC  
18932 N DALE MABRY HWY  
102  
LUTZ, FL 33556 US

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

FAMILY TRUST OF CENTRAL FLORIDA, LLC  
19302 GUNN HWY  
ODESSA, FL 33556 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: KEVIN E HOWELL JR

03/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FAMILY TRUST OF CENTRAL FLORIDA LLC  
Address: 19302 GUNN HWY  
City-St-Zip: ODESSA, FL 33556

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: KEVIN E HOWELL JR

MGR

03/21/2011

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