

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000059453

Entity Name: 699 OSCEOLA, LLC

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

127 FAIRBANKS AVE  
BOX 407  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

127 FAIRBANKS AVE  
BOX 407  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

HIRSCHMANN, SILVIA  
127 FAIRBANKS AVE  
BOX 407  
WINTER PARK, FL 32789 US

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

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: SILVIA HIRSCHMANN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HIRSCHMANN, SILVIA  
Address: 127 FAIRBANKS AVE, BOX 407  
City-St-Zip: WINTER PARK, FL 32789 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: SILVIA HIRSCHMANN

MRS

02/19/2012

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