

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000059720

**FILED**  
**Jul 08, 2013**  
**Secretary of State**

**Entity Name:** BURSON REAL ESTATE SCHOOL, LLC

**Current Principal Place of Business:**

904 E HICKPOCHEE AVE  
LABELLE, FL 33935 US

**New Principal Place of Business:**

12995 S. CLEVELAND AVENUE  
SUITE 219  
FORT MYERS, FL 33907 US

**Current Mailing Address:**

P O BOX 2196  
LABELLE, FL 33975 US

**New Mailing Address:**

P O BOX 60151  
FORT MYERS, FL 33906 US

**FEI Number:** 27-0412170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BURSON, FRED  
904 E HICKPOCHEE AVE  
LABELLE, FL 33935 US

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

BURSON, FRED  
1228 MORNINGSIDE DRIVE  
FORT MYERS, FL 33901 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: FRED BURSON

07/08/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BURSON, FRED  
Address: 1228 MORNINGSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM  
Name: BURSON-CARTER, CHRISTINA  
Address: 5125 BARON STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 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: FRED BURSON

MGRM

07/08/2013

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