# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Sep 30, 2013**
**Secretary of State**

DOCUMENT# L09000087212

**Entity Name:** HORIZONS EDGE, LLC

**Current Principal Place of Business:**

1029 CHALFONT LN.
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6352
LAKELAND, FL 33807

**New Mailing Address:**

**FEI Number: 27-1079696** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DEBARI, THOMAS J
4909 SOUTHFORK DRIVE
SUITE 3
LAKELAND, FL 33813 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: THOMAS J DEBARI
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: WILSON, MARK P
Address: P. O. BOX 6352
City-St-Zip: LAKELAND, FL 33807 US

Title: MGR
Name: WILSON, GAIL
Address: P. O. BOX 6352
City-St-Zip: LAKELAND, FL 33807 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 Statues.

SIGNATURE: GAIL WILSON MGR 09/30/2013
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date