

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000113125

**FILED**  
**May 31, 2012**  
**Secretary of State**

**Entity Name:** FULL FORCE LLC

**Current Principal Place of Business:**

6848 SW 12TH STREET  
PEMROKE PINES, FL 33023 US

**New Principal Place of Business:**

13196 NW 23RD STREET  
PEMROKE PINES, FL 33028 US

**Current Mailing Address:**

6848 SW 12TH STREET  
PEMROKE PINES, FL 33023 US

**New Mailing Address:**

13196 NW 23RD STREET  
PEMROKE PINES, FL 33028 US

**FEI Number:** 30-0591545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POINTS, JOHN V  
6848 SW 12TH STREET  
PEMBROKE PINES, FL 33023 US

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

POINTS, JOHN V  
13196 NW 23RD STREET  
PEMBROKE PINES, FL 33028 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: JOHN V. POINTS

05/31/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POINTS, JOHN V  
Address: 13196 NW 23RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 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: JOHN V. POINTS

MGRM

05/31/2012

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