

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000114692

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA LEGAL NEWS LLC

**Current Principal Place of Business:**

106 DIANE CIRCLE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

1900 HARBOR CITY BLVD #343  
MELBOURNE, FL 32901

**Current Mailing Address:**

106 DIANE CIRCLE  
INDIALANTIC, FL 32903

**New Mailing Address:**

1900 HARBOR CITY BLVD #343  
MELBOURNE, FL 32901

FEI Number: 27-1471803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

BALANCIA, DONNA S  
1900 HARBOR CITY BLVD #343  
MELBOURNE, FL 32901 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: DONNA S. BALANCIA

04/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BALANCIA, DONNA S  
Address: 1900 HARBOR CITY BLVD #343  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR  
Name: BALANCIA, DONNA S  
Address: 1900 HARBOR CITY BLVD #343  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR  
Name: BALANCIA, DONNA S  
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Address: 1900 HARBOR CITY BLVD #343  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR  
Name: BALANCIA, DONNA S  
Address: 1900 HARBOR CITY BLVD #343  
City-St-Zip: MELBOURNE, FL 32901

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: DONNA BALANCIA

MGR

04/11/2011

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