

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000094197

**FILED**  
**Oct 19, 2011**  
**Secretary of State**

**Entity Name:** PHOENIX FINANCIAL GROUP OF FLORIDA LLC

**Current Principal Place of Business:**

25005 NE 131ST LANE  
SALT SPRINGS, FL 32134 US

**New Principal Place of Business:**

7860 MIDWAY DRIVE TERRACE  
W201  
OCALA, FL 34472 US

**Current Mailing Address:**

PO BOX 271  
OCALA, FL 34478 US

**New Mailing Address:**

7860 MIDWAY DRIVE TERRACE  
W201  
OCALA, FL 34472 US

**FEI Number:** 27-3424779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALTON, WILLIAM H  
25005 NE 131ST LANE  
SALT SPRINGS, FL 32134 US

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

WALTON, WILLIAM H  
7860 MIDWAY DRIVE TERRACE  
W201  
OCALA, FL 34472 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: WILLIAM H. WALTON

10/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALTON, WILLIAM H  
Address: 7860 MIDWAY DRIVE TERRACE - W201  
City-St-Zip: OCALA, FL 34472 US

Title: MGRM  
Name: OKAY, KAYA  
Address: 10 RUE DU MAHCHE  
City-St-Zip: NYON SWITZERLAND 1260, CH 1260 CH

Title: MGR  
Name: WALTON FAMILY TRUST  
Address: 7860 MIDWAY DRIVE TERRACE - W201  
City-St-Zip: OCALA, FL 34472 US

Title: MGR  
Name: OKAY FAMILY TRUST  
Address: 10 RUE DU MAHCHE  
City-St-Zip: NYON SWITZERLAND 1260, CH 1260 CH

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: WILLIAM H. WALTON

MGRM

10/19/2011

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