

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000098929

**FILED**  
**Apr 20, 2013**  
**Secretary of State**

**Entity Name:** FIRED UP POTTERY STUDIO, LLC

**Current Principal Place of Business:**

201-B MIRACLE STRIP PKWY S.E.  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

225 MIRACLE STRIP PARKWAY SE  
UNIT B-2  
FORT WALTON BEACH, FL 32548 US

**Current Mailing Address:**

201-B MIRACLE STRIP PKWY S.E.  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

955 MCFARLAN AVENUE  
FORT WALTON BEACH, FL 32547

FEI Number: 27-3531170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

OLIVER, OCLLA M  
201-B MIRACLE STRIP PKWY S.E.  
FORT WALTON BEACH, FL 32548 US

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

OLIVER, OCLLA M  
955 MCFARLAN AVENUE  
FORT WALTON BEACH, FL 32547 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: OCLLA OLIVER

04/20/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLIVER, OCLLA M  
Address: 955 MCFARLAN AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: OCLLA MARIE OLIVER

MRS.

04/20/2013

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