

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000120393

**FILED**  
**Oct 22, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA RENOVATIONS, LLC

**Current Principal Place of Business:**

334 N. SHADOW BAY BLVD.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

334 N. SHADOW BAY BLVD.  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 27-3126784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REINKING-SEMANS, LISA  
334 N. SHADOW BAY BLVD.  
LONGWOOD, FL 32779 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:** LISA R. SEMANS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** REINKING-SEMANS, LISA  
**Address:** 334 N. SHADOW BAY BLVD.  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGR  
**Name:** SEMANS, CHARLES  
**Address:** 334 N. SHADOW BAY BLVD.  
**City-St-Zip:** LONGWOOD, FL 32779

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:** CHARLES SEMANS

MR

10/22/2011

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