

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000024345

**FILED**  
**Apr 14, 2014**  
**Secretary of State**

**Entity Name:** INTERPRETERS' RETREAT, LLC.

**Current Principal Place of Business:**

12514 INDIANA WOODS LN  
ORLANDO, FL 32824

**New Principal Place of Business:**

641 LAKE COVE POINTE CIRCLE  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P.O BOX: 620664  
ORLANDO, FL 32862

**New Mailing Address:**

P.O BOX: 770278  
WINTER GARDEN, FL 34777

**FEI Number:** 17-5171117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, MALIA K  
12514 INDIANA WOODS LN  
ORLANDO, FL 32824 US

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

JOHNSON, MALIA K  
641 LAKE COVE POINTE CIRCLE  
WINTER GARDEN, FL 34787 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: MALIA JOHNSON

04/14/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: JOHNSON, MALIA K  
Address: 641 LAKE COVE POINTE CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MALIA JOHNSON

MGRM

04/14/2014

Electronic Signature of Authorized Person

Date