

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000137437

**FILED**  
**Oct 15, 2012**  
**Secretary of State**

**Entity Name:** LIZA JEAN PHOTOGRAPHY LLC

**Current Principal Place of Business:**

659 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

659 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972 UN

**Current Mailing Address:**

659 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

659 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972 UN

**FEI Number:** 45-4034056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROLLINS, LIZA  
659 WINDERMERE DRIVE  
LEHIGH ACRES, FL 33972 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:** LIZA ROLLINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROLLINS, LIZA  
**Address:** 659 WINDERMERE DRIVE  
**City-St-Zip:** LEHIGH ACRES, FL 33972

**Title:** MGRM  
**Name:** ROLLINS, TOM  
**Address:** 659 WINDERMERE DRIVE  
**City-St-Zip:** LEHIGH ACRES, FL 33972

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:** LIZA ROLLINS

MGRM

10/15/2012

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