

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000143285

**Entity Name:** POND SCIENCE, LLC

**FILED**  
**Nov 13, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5680 LIVE OAK AVE.  
MELBOURNE, FL 32904

**New Principal Place of Business:**

5680 LIVE OAK AVE.  
MELBOURNE, FL 32904 UN

**Current Mailing Address:**

5680 LIVE OAK AVE.  
MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 45-4381186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKEL, LAURA  
13510 83RD STREET  
FELLSMERE, FL 32948 US

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

PARKEL, LAURA  
5680 LIVE OAK AVE.  
MELBOURNE VILLAGE, FL 32904 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: LAURA PARKEL

11/13/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: PARKEL, LAURA J  
Address: 5680 LIVE OAK AVE.  
City-St-Zip: MELBOURNE VILLAGE, FL 32904 UN

Title: VP  
Name: CHARLES, PARKEL O  
Address: 5680 LIVE OAK AVE.  
City-St-Zip: MELBOURNE VILLAGE, FL 32904 UN

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: LAURA PARKEL

MGR

11/13/2014

Electronic Signature of Authorized Person

Date