


# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L12000033471**

1. Entity Name  
IMPERIAL FAMILY WORLDWIDE LLC



13 SEP 30 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2212 NATURAL WELLS DRIVE  
TALLAHASSEE, FL 32305

Mailing Address  
2212 NATURAL WELLS DRIVE  
TALLAHASSEE, FL 32305



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

09302013 REIN-LLC CR2E101 (12/11)

6. Name and Address of Current Registered Agent  
HUDSON, OMAR  
2212 NATURAL WELLS DRIVE  
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent  
Name: MICORY A. ROBINSON  
Street Address (P.O. Box Number is Not Acceptable): 2212 Natural Wells Dr.  
City: Tallahassee FL Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE: 09/30/13

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2014, Fee will be \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUDSON, OMAR 2212 NATURAL WELLS DRIVE TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINSON, MICORY A 2212 NATURAL WELLS DRIVE TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINSON, CIERRA A 2212 NATURAL WELLS DRIVE TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10/01/13--01001--027 \*\*238.75

S. HAWKES

SEP 30 2013

EXAMINER

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* DATE: 09/30/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS