

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

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13 SEP 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L12000033471					
1. Entity Name IMPERIAL FAMILY WORLDWIDE LLC					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 09302013 REIN-LLC CR2E101 (12/11)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUDSON, OMAR 2212 NATURAL WELLS DRIVE TALLAHASSEE, FL 32305			Name Micory A. Robinson Street Address (P.O. Box Number is Not Acceptable) 2212 Natural Wells Dr. City Tallahassee State FL Zip Code 32301		
8. The above named entry 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			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				10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.					
SIGNATURE:			DATE: 09/30/13		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		E-MAIL ADDRESS



09302013 REIN-LLC CR2E101 (12/11)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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**
State **FL** Zip Code **32301**

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SIGNATURE DATE **09/30/13**

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

S. HAWKES
SEP 30 2013
EXAMINER

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SIGNATURE: DATE: **09/30/13**

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