

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000093014

**FILED**  
**Jun 21, 2014**  
**Secretary of State**

**Entity Name:** FREEPORT BUSINESS SERVICES LLC

**Current Principal Place of Business:**

927 BLACK CREEK BLVD  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

927 BLACK CREEK BLVD  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MILLER, MARK A  
113 PERIMETER LANE  
FREEPORT, FL 32439    US

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

MILLER, MARK A  
927 BLACK CREEK BLVD  
FREEPORT, FL 32439    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: MARK A MILLER

06/21/2014

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: OWENS, PATRICIA M  
Address: 927 BLACK CREEK BLVD  
City-St-Zip: FREEPORT, FL 32439

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: PATRICIA OWENS

MGR

06/21/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date