

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000155790

**Entity Name:** ARMS DISTANCE GROUP, LLC

**FILED**  
**Mar 26, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

516 SW SUNDANCE TRAIL  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

516 SW SUNDANCE TRAIL  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FITILES, BRENDA  
516 SW SUNDANCE TRAIL  
PORT ST LUCIE, FL 34953 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: BRENDA FITILES

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: FITILES, BRENDA  
Address: 516 SW SUNDANCE TRAIL  
City-St-Zip: PORT ST LUCIE, FL 34953

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: BRENDA FITILES

MGRM

03/26/2014

Electronic Signature of Authorized Person

Date