

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:11

DOCUMENT # L04000002860 1. Entity Name PUG AND PONY, LLC		
Principal Place of Business 3015 NORTH OCEAN BLVD., UNIT 12A FORT LAUDERDALE, FL 33308		Mailing Address 3015 NORTH OCEAN BLVD., UNIT 12A FORT LAUDERDALE, FL 33308
2. Principal Place of Business C/O Clyde's Cleaners Suite, Apt. #, etc. 8855 Hypoluxo Road City & State Lake Worth, FL 33467 Zip Country	3. Mailing Address C/O Clyde's Cleaners Suite, Apt. #, etc. 8855 Hypoluxo Road City & State Lake Worth, FL 33467 Zip Country	 09122006 REIN-LLC CR2E101 (11/05) 4. FEI Number 20-0989723 Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent FLOWERS, WILLIAM J 3015 NORTH OCEAN BLVD., UNIT 12A FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Michael D. Turner Street Address (P.O. Box Number is Not Acceptable) C/O Clyde's Cleaners 8855 Hypoluxo Road City Lake Worth FL Zip Code 33467
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  <small>Signature of individual or principal name of registered agent and title if applicable.</small>		DATE 9/14/06
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE MGR <input checked="" type="checkbox"/> Delete NAME FLOWERS, WILLIAM STREET ADDRESS 3015 NORTH OCEAN BLVD., UNIT 12A CITY-ST-ZIP FORT LAUDERDALE, FL 33308	TITLE MGR <input type="checkbox"/> Delete NAME TURNER, MICHAEL STREET ADDRESS 3015 NORTH OCEAN BLVD., UNIT 12A CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TURNER, MICHAEL STREET ADDRESS 8855 HYPOLUXO ROAD CITY-ST-ZIP LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080270719 09/28/06--01055--013 **205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 9/14/06 DAYTIME PHONE # (561) 964-0695