

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000062268

**FILED**  
**Nov 03, 2014**  
**Secretary of State**

**Entity Name:** LIGON, KEY AND ASSOCIATES LLC

**Current Principal Place of Business:**

1844 N NOB HILL RD  
429  
SUNRISE, FL 33322

**New Principal Place of Business:**

4987 N UNIVERSITY DR  
30  
LAUDERHILL, FL 33351

**Current Mailing Address:**

1844 N NOB HILL RD  
429  
SUNRISE, FL 33322

**New Mailing Address:**

4987 N UNIVERSITY DR  
30  
LAUDERHILL, FL 33351

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

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

MX FINANCIAL INC.  
1844 N NOB HILL RD  
429  
SUNRISE, FL 33322 US

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

LIGON INVESTMENT GROUP  
4987 N UNIVERSITY DR  
30  
LAUDERHILL, FL 33351 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: MIKE LIGON

11/03/2014

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

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: LIGON INVESTMENT GROUP  
Address: 4987 N UNIVERSITY DRIVE  
City-St-Zip: LAUDERHILL, FL 33351

Title: MGRM  
Name: KEY, FLOYD B  
Address: 48987 N UNIVERSITY DRIVE  
City-St-Zip: LAUDERHILL, FL 33351

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: MIKE LIGON

MGR

11/03/2014

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

\_\_\_\_\_  
Date