

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000011273

**FILED**  
**Nov 29, 2005**  
**Secretary of State**

**Entity Name:** MALCOLM LOWE ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

6530 WEST HOMOSASSA TRAIL  
LECANTO, FL 34460

**New Principal Place of Business:**

6530 WEST HOMOSASSA TRAIL  
HOMOSASSA, FL 34448

**Current Mailing Address:**

6530 WEST HOMOSASSA TRAIL  
LECANTO, FL 34460

**New Mailing Address:**

P. O. BOX 206  
LECANTO, FL 34460

**FEI Number:** 59-3672797      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LOWE, MALCOLM  
2040 E HAMPSHIRE STREET  
INVERNESS, FL 34453      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:** MALCOLM D. LOWE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM      ( ) Delete  
**Name:** LOWE, MALCOLM  
**Address:** 2040 E. HAMPSHIRE STREET  
**City-St-Zip:** INVERNESS, FL 34453

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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:** MALCOLM D. LOWE

MGRM

11/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date