

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000009571		
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1. Entity Name  
AIREDALE FINANCIAL, LLC

Principal Place of Business  
177 U.S. HIGHWAY #1  
SUITE 311  
TEQUESTA, FL 33469

Mailing Address  
177 U.S. HIGHWAY #1  
SUITE 311  
TEQUESTA, FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-LLC CR2E101 (6/04)

10/25



4. FEI Number  
65-6379394

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GARLINGTON, LEE H  
177 US HIGHWAY ONE #311  
TEQUESTA, FL 33469

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/3/2004  
Make check payable to  
Florida Department of State

FILE NOW!!! FEE IS \$50.00

After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGRT  
NAME GARLINTON, PAUL  
STREET ADDRESS 177 US HIGHWAY ONE #311  
CITY-ST-ZIP TEQUESTA, FL 33469

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3000042160053  
10/25/04--01071--007 \*\*\$50.00

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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Change  Addition

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

04 OCT 25 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REIN-LLC

REINSTATEMENT 2004  
No Penalty

Oct 4 2004