

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000017417

Entity Name: HAYNE STREET, LLC

**FILED**  
**Sep 22, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

813 E. LA RUA STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

524 N. HAYNE STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

813 E. LA RUA STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

522 N. HAYNE STREET  
PENSACOLA, FL 32501

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

GAUDET, KEITH V  
813 E. LA RUA STREET  
PENSACOLA, FL 32501 US

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

GAUDET, KEITH V  
522 N. HAYNE STREET  
PENSACOLA, FL 32501 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: KEITH V GAUDET

09/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GREENWALD, DEBORAH  
Address: 813 E. LA RUA STREET  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GREENWALD, DEBORAH  
Address: 522 N. HAYNE STREET  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEITH V GAUDET

RA

09/22/2006

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