

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000025633

**FILED**  
**Dec 20, 2004**  
**Secretary of State**

**Entity Name:** LORENZ INVESTMENTS, LLC

**Current Principal Place of Business:**

929 MAIN STREET  
ARKADELPHIA, AK 71923

**New Principal Place of Business:**

929 MAIN STREET  
ARKADELPHIA, AR 71923

**Current Mailing Address:**

929 MAIN STREET  
ARKADELPHIA, AK 71923

**New Mailing Address:**

929 MAIN STREET  
ARKADELPHIA, AR 71923

**FEI Number:** 27-0032303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LORENZ, WHALEY W  
3755 LAKE TOHOPEKALIGA RD.  
ST. CLOUD, FL 34772 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRT ( ) Delete  
Name: GODWIN, SONYA  
Address: 929 MAIN ST  
City-St-Zip: ARKADELPHIA, AR 71923

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GODWIN, SONYA  
Address: 929 MAIN ST  
City-St-Zip: ARKADELPHIA, AR 71923

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: SONYA GODWIN

MGRM

12/20/2004

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