

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000014009

Entity Name: SKYWAY ASSOCIATES, LLC

FILED  
Nov 27, 2009  
Secretary of State

**Current Principal Place of Business:**

315 TARPON STREET  
ANNA MARIA, FL 34216

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1669  
ANNA MARIA, FL 34216

**New Mailing Address:**

FEI Number: 61-1447979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BANNER, MICHAEL  
4244 W. TENNESSEE ST.  
#185  
TALLAHASSEE, FL 32304 US

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

CANGER, GIOVANNA C  
8068 S. CADIZ COURT  
ORLANDO, FL 32836 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: GIOVANNA C CANGER

11/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CANGER, JONATHAN  
Address: 315 TARPON STREET  
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM ( ) Delete  
Name: CANGER, GIOVANNA  
Address: 315 TARPON STREET  
City-St-Zip: ANNA MARIA, FL 34216

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CANGER, JONATHAN M  
Address: 315 TARPON STREET  
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM (X) Change ( ) Addition  
Name: CANGER, GIOVANNA C  
Address: 315 TARPON STREET  
City-St-Zip: ANNA MARIA, FL 34216

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN M CANGER

MGRM

11/27/2009

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