

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000029176

Entity Name: DARWIN OF DELRAY, LLC

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4065 NW 1ST STREET  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

1050 S FEDERAL HWY  
STE 126  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

PO BOX 8198  
DELRAY BEACH, FL 33482

**New Mailing Address:**

1050 S FEDERAL HWY  
STE 126  
DELRAY BEACH, FL 33483

FEI Number: 27-0070480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONWAY, ELIZABETH B  
4065 NW 1ST STREET  
DELRAY BEACH, FL 33445 US

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

CONWAY, ELIZABETH B  
1050 S FEDERAL HWY  
STE 126  
DELRAY BEACH, FL 33483 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: ELIZABETH B CONWAY

04/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONWAY, ELIZABETH B  
Address: 4065 NW 1ST STREET  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CONWAY, ELIZABETH B  
Address: 1050 S FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

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: ELIZABETH B CONWAY

MGRM

04/18/2007

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