

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000029845

1. Entity Name
WARREN WAY, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -7 AM 9:47

Principal Place of Business
3201 CARDINAL DRIVE 2ND FLOOR
VERO BEACH, FL 32961-2062

Mailing Address
3201 CARDINAL DRIVE 2ND FLOOR
VERO BEACH, FL 32961-2062

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

11102005 REIN-LLC CR2E101 (6/04)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
38-3687727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CHASE, DAVID B
3201 CARDINAL DRIVE
2ND FLOOR
VERO BEACH, FL 32961-2062

7. Name and Address of New Registered Agent
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 *David B. Chase* DATE 11/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHASE, DAVID B 3201 CARDINAL DRIVE 2ND FLOOR VERO BEACH, FL 329612062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900061992788 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/07/05--01041--012 **200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David B. Chase* DATE 11/30/05 DAYTIME PHONE 971 2223

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