## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

f. Entity Nam	18	# L0300054 (ENDALL, L.L.C.	802		FILED 2009 JAN-6 PM 3: 09				
Principal Plac	e of Busines	s	Mailing Address		-				
3408 28TH S Bradenton			3408 28TH STREET WEST Bradenton, FL 34205			SEESE PAAY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	Pace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt.			Suite, Apt. #, etc.			12282008	REIN-LLC	CR2E101 (1/07)	
City & State			City & State			4. FEI Numb	er PPLICABLE	<del>  </del>	plied For t Applicable
Zip	Country		Zip Country		itry	<del> </del>	of Status Desired	S5.00 Add	itional
6. Name and Address of Current						7. Name and Address of New Registered Agent			
BOWMAN, T. KENDALL JR. 3408 28TH STREET WEST BRADENTON, FL 34205					Name Street Address (P.O. Box Number is Not Acceptable)				
			ŀ		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  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent algusture required when reinstating)  DATE  PILE NOW!!! FEE 18 \$138.75  In accordance with \$. 607.193(2)(b), F.S., the limited  Make check payable to									
After January 1, 2009, Fee will be \$277.50 liability company did not rec					celve the prior not	tice.	Florida	Department of State	,
9.	· r <del></del>	MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	BOWMAN, T. KENDALL JR. NA 3408 28TH STREET WEST ST			1	· .	400139533084 O1/06/0901013009 **138.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	Change Addition  E CTANDES REINSTATEMENT Addition  E CTANDES REINSTATEMENT Addition  E CTANDES REINSTATEMENT Addition					
TITLE MAME STREET ADDRESS CITY-ST-ZIP		-	Delete	1	E E EET ADORESS -ST-ZIP		AIEN	IENT	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dolate		- I			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	Addition
11. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 path; 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.									