

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000054953

**FILED**  
**May 07, 2010**  
**Secretary of State**

**Entity Name:** HERON ROAD ASSOCIATES, LLC

**Current Principal Place of Business:**

640 SW 99TH AVE  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

1107 HERON RD  
KEY LARGO, FL 330373817

**Current Mailing Address:**

640 SW 99TH AVE  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

1107 HERON RD  
KEY LARGO, FL 33037

**FEI Number:** 20-0514584      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GONZALES, MARY D  
640 SW 99TH AVE  
PEMBROKE PINES, FL 33025      US

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

GONZALES, MARY D  
1107 HERON RD  
KEY LARGO, FL 33037      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: MARY D GONZALES

05/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GONZALES, MARY D  
Address: 1107 HERON RD  
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM  
Name: GONZALES, ROBERT  
Address: 1107 HERON RD  
City-St-Zip: KEY LARGO, FL 33037

Title: MGR  
Name: BARNES, MARGARET D  
Address: 144 FIRST ROAD  
City-St-Zip: KEY LARGO, FL 33037

Title: S  
Name: GONZALES, KATHLEEN M  
Address: 9286 SW 1 STREET  
City-St-Zip: PLANTATION, FL 33324

I hereby 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: MARY D GONZALES

MGRM

05/07/2010

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