

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000056553

**FILED**  
**Mar 22, 2006**  
**Secretary of State**

**Entity Name:** WILLIAM KEITH MADIGAN, LLC

**Current Principal Place of Business:**

330 ROSWELL AVE.  
ORLANDO, FL 32803

**New Principal Place of Business:**

946 BRADSHAW TERRACE  
ORLANDO, FL 32806

**Current Mailing Address:**

330 ROSWELL AVE.  
ORLANDO, FL 32803

**New Mailing Address:**

946 BRADSHAW TERRACE  
ORLANDO, FL 32806

**FEI Number:** 59-3231355      **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:**

MADIGAN, WILLIAM KEITH  
330 ROSWELL AVE.  
ORLANDO, FL 32803    US

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

MADIGAN, WILLIAM KEITH  
946 BRADSHAW TERRACE  
ORLANDO, FL 32806    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: WILLIAM K MADIGAN

03/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WILLIAM KEITH MADIGA, N  
Address: 330 ROSWELL AVE.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM K MADIGAN

MGR

03/22/2006

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