


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10:18

DOCUMENT # LQ3000056892 1. Entity Name VICTORIA LOYD UNLIMITED, LLC					
Principal Place of Business 2602 SE GRAND DRIVE PORT ST LUCIE, FL 34952			Mailing Address 2602 SE GRAND DRIVE PORT ST LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		11092006 REIN-LLC CR2E101 (11/05)	
Zip		Country		4. FEI Number 88-0517855	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOYD, VICTORIA 2602 SE GRAND DRIVE PORT ST LUCIE, FL 34952				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 LOYD, VICTORIA D 2602 SE GRAND DRIVE PORT ST LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082211067 12/01/06--01043--014 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOYD, LEONARD F 2602 SE GRAND DRIVE PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	
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11. I 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	