

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000004379

**Entity Name:** LAWRENCE ADLER, LLC

**FILED**  
**Sep 19, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

6495 FAIRLAWN STREET  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

6495 FAIRLAWN STREET  
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number:** 54-3782544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WING, RAYMOND A  
9470 MIRACLE DRIVE  
SPRING, FL 34608 US

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

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: RAYMOND A. WING

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ADLER, LAWRENCE C  
Address: 6495 FAIRLAWN STREET  
City-St-Zip: SPRING HILL, FL 34606

**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: LAWRENCE C. ADLER

MGRM

09/19/2006

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