

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000024993

**FILED**  
**Nov 15, 2005**  
**Secretary of State**

**Entity Name:** THE BUTLER GROUP OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

2004 SOUTHWEST 84 AVENUE  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25374  
TAMARAC, FL 33320 US

**New Mailing Address:**

3710 INVERRARY DRIVE  
UNIT 3L  
LAUDERHILL, FL 33319 US

**FEI Number:** 41-2133283 **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:**

BUTLER, BUFFY A  
2004 SOUTHWEST 84 AVENUE  
NORTH LAUDERDALE, FL 33068 US

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

BUTLER, BUFFY A  
3710 INVERRARY DRIVE  
UNIT 3L  
LAUDERHILL, FL 33319 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: BUFFY A. BUTLER

11/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUTLER, BUFFY A  
Address: 3710 INVERRARY DRIVE, UNIT 3L  
City-St-Zip: LAUDERHILL, FL 33319 US

**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 Section 119.07(3)(i), 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: BUFFY A. BUTLER

MGRM

11/15/2005

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