

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 27 PM 2:10

DOCUMENT # **L04000029528**

1. Limited Liability Company's Name

CONNER & WEST, LLC

200175189502
04/09/10--01036--018 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 7501 SE SANDPIPER ST.		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOBE SOUND, FL.		City & State SAME	
Zip 33455	Country MARTIN	Zip SAME	Country SAME

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 4/16/2004	
6. FEI Number 20-1179639	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name DAVID W. WEST		
Street Address (P.O. Box Number is Not Acceptable) 7501 SE SANDPIPER ST.		
Suite, Apt. #, Etc.		
City HOBE SOUND, FLORIDA	State FL	Zip Code 33475

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/6/10**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	BILL CONNER	P.O. Box # 2235	HOBE SOUND, FL. 33475
MEM	DAVID W. WEST	P.O. Box # 2235	HOBE SOUND, FL. 33475

REINSTATEMENT 2008, 2010

200175189502
04/28/10--01005--016 **138.75

11. E-mail Address: **LINDA@BEACONACCOUNTING.COM**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date **4/6/10**

Daytime Phone # **772 932-1003**

Typed or printed name of signing Managing Member/Manager **David West**

T. Hampton APR 28 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 12, 2010

CONNER & WEST, LLC
7501 SE SANDPIPER ST
HOBE SOUND, FL 33455

SUBJECT: CONNER & WEST, LLC
Ref. Number: L04000029528

We have received your document for CONNER & WEST, LLC and check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 710A00008946