

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000049227

1. Entity Name  
LAWNWOOD ASSOCIATES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 DEC 21 AM 8:20

Principal Place of Business  
11891 U.S. HIGHWAY ONE, SUITE 100  
NORTH PALM BEACH, FL 33408

Mailing Address  
11891 U.S. HIGHWAY ONE, SUITE 100  
NORTH PALM BEACH, FL 33408

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

12182006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKNEY, ROBERT C  
11891 U.S. HIGHWAY ONE, SUITE 100  
NORTH PALM BEACH, FL 33408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SHACKELTON, ALBERT  
STREET ADDRESS 11891 US HIGHWAY ONE, STE. 100  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Change ☐ Addition  
NAME 800082710358  
STREET ADDRESS 12/21/06--01038--008 \*\*50.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12/14/06

REINSTATED 2006