


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000065965.			
1. Entity Name BARBARA A DAVIS LIMITED LIABILITY COMPANY			
Principal Place of Business 1312 FAIRFIELD CIRCLE E BOYNTON BEACH, FL 33462		Mailing Address 721 US HIGHWAY ONE, STE 122 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box # 1312 FAIRFAX CIRCLE E		3. Mailing Address 122 DATE PALM DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH FL		City & State JUPITER FL	
Zip 33462	Country	Zip 33458	Country
4. FEI Number 20-1618841		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LAUTERBORN, ABIGAIL M 721 US HWY ONE, STE 122 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 122 DATE PALM DRIVE City JUPITER FL Zip Code 33458	
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 <u>Abigail M. Lauterborn</u> DATE <u>1/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, BARBARA A 1312 FAIRFAX CIRCLE E BOYNTON BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000115067480 01/14/08--01055--006 **282.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2007-2008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Barbara A. Davis</u>		Date <u>1-10-08</u> Daytime Phone # <u>561-964 9048</u>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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