


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000091160		
1. Entity Name NAVARRE ORLEANS, LLC		

Principal Place of Business 1913 HWY 87 NAVARRE, FL 32566 US	Mailing Address 1913 HWY 87 NAVARRE, FL 32566 US
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2. Principal Place of Business - No P.O. Box # 1805 ALHAMBRA ST Suite, Apt. #, etc.	3. Mailing Address 1805 ALHAMBRA ST Suite, Apt. #, etc.
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City & State NAVARRE, FL	City & State NAVARRE, FL
Zip 32566	Country US

10132008 REIN-LLC CR2E101 (1/07)

4. FEI Number 38-3714908	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LYNCHARD LAW FIRM 7552 NAVARRE PARKWAY SUITE 9 NAVARRE, FL 32566
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7. Name and Address of New Registered Agent Name Lynchard Law Firm PA. Street Address (P.O. Box Number is Not Acceptable) 1901 Andorra St. City Navarre FL Zip Code 32566
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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  DATE 10/15/08


FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	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
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAHAL-MORGAN, TAMMY 6908 SEA BASS CIRCLE NAVARRE, FL 32566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

000137093240
10/20/08--01070--016 **138.75

REINSTATEMENT

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:  DATE 10/14/08	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED

08 OCT 21 PM 12:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

