

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000008852

Entity Name: PAR EXCELLENCE LLC

**FILED**  
**Jan 22, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

214 N COUNTY ROAD  
PALM BEACH, FL 33480

**New Principal Place of Business:**

547 N LAKE TRAIL  
PALM BEACH, FL 33480

**Current Mailing Address:**

214 N COUNTY ROAD  
PALM BEACH, FL 33480 US

**New Mailing Address:**

547 N LAKE TRAIL  
PALM BEACH, FL 33480 US

FEI Number: FEI Number Applied For (X) 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:**

JAMINET, MICHELLE R  
214 N COUNTY ROAD  
PALM BEACH, FL 33480 US

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

JAMINET, MICHELLE R  
547 N LAKE TRAIL  
PALM BEACH, FL 33480 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: MICHELLE JAMINET

01/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JAMINET, MICHELLE R  
Address: 214 N COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JAMINET, MICHELLE R  
Address: 547 N LAKE TRAIL  
City-St-Zip: PALM BEACH, FL 33480 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHELLE JAMINET

MGR

01/22/2007

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