

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000021029

Entity Name: DORAN PLUCKEBAUM, LLC

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-2436346 FEI Number Applied For () 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:

WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DORAN, JOHN
136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 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: JOHN DORAN

10/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DORAN, JOHN
Address: 136 THORNTON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: DORAN, TIMOTHY
Address: 136 THORNTON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN DORAN

MGR

10/11/2006

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