

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000038955

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** LAZARE PROPERTIES, LLC

**Current Principal Place of Business:**

2229 DEMERON RD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 611  
TALLAHASSEE, FL 32302

**New Mailing Address:**

2229 DEMERON RD  
TALLAHASSEE, FL 32308

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SMITH, LESLIE  
2229 DEMERON RD  
TALLAHASSEE, FL 32308 US

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

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: LESLIE SMITH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, LESLIE  
Address: 2229 DEMERON RD  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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: LESLIE SMITH

MGR

01/26/2011

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