

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000063844

Entity Name: ANNA LAUREN, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

1826 W. 29TH STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1826 W. 29TH STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN R. GREEN, P.A.
316 WEST 11TH STREET
PANAMA CITY, FL 32402 US

Name and Address of New Registered Agent:

JOHN R. GREEN, P.A.
24 WEST 8TH STREET
PANAMA CITY, FL 32401 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 R GREEN

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VARDEN, JAMES T
Address: 905 W. 26TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: HELMS, TERESA
Address: POST OFFICE BOX 349
City-St-Zip: PANAMA CITY, FL 324020349

Title: MGRM () Delete
Name: GREEN, JOHN R
Address: POST OFFICE BOX 349
City-St-Zip: PANAMA CITY, FL 324020349

ADDITIONS/CHANGES:

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

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 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 R GREEN

MGRM

04/27/2007

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