

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000067801

1. Entity Name
WESTMINSTER HOLDINGS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:07

Principal Place of Business
7300 NORTH FEDERAL HIGHWAY
SUITE 100
BOCA RATON, FL 33487

Mailing Address
7300 NORTH FEDERAL HIGHWAY
SUITE 100
BOCA RATON, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number

203149187

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAIMES, SAMANTH
7300 NORTH FEDERAL HIGHWAY
SUITE 100
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Samantha Haines, member*

10-11-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HAIMES, SAMANTHA
STREET ADDRESS 7300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON, FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300080927743
10/17/06--01048--010 **155.00

TITLE
NAME
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CITY-ST-ZIP

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REINSTATEMENT *2006*

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Samantha Haines, member* 10-11-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #