

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L05000073815**

1. Entity Name  
**HOME ZONE, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 12 AM 10:06

Principal Place of Business  
**5611 TYLER STREET  
HOLLYWOOD, FL 33021**

Mailing Address  
**5611 TYLER STREET  
HOLLYWOOD, FL 33021**

2. Principal Place of Business  
**Nancy Palilonis  
501 NE 18th St.  
Boca Raton, FL 33432**

3. Mailing Address  
**Nancy Palilonis  
501 NE 18th St.  
Boca Raton, FL 33432**



Zip Country Zip Country

10032006 REIN-LLC CR2E101 (11/05)

4. FEI Number Applied For  
☒ Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**PALILONIS, NANCY  
5611 TYLER STREET  
HOLLYWOOD, FL 33021**

**501 NE 18 STREET  
BOCA RATON FL 33432**

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 *Nancy Palilonis* DATE **10/3/06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00  
After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALILONIS, NANCY 5611 TYLER STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 NE 18 ST BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 NE 18 STREET BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700080784807 10/12/06--01067--003 **\$0.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy Palilonis* DATE **10/3/06** 954.817.3104

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