


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000075307.		
1. Entity Name SAVERY REALTY GROUP, LLC		

Principal Place of Business 525 QUAIL PT JUPITER, FL 33458	Mailing Address 525 QUAIL PT JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
SAVERY, MYLES T 525 QUAIL PT JUPITER, FL 33458	

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 <u>Myles T. Savery</u>	DATE <u>10/12/07</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVERY, MYLES T 525 QUAIL PT JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110903524 10/17/07--01056--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVERY, Margaret L. 525 QUAIL POINT JUPITER, FLORIDA 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Myles T. Savery</u>	DATE <u>10/12/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED

2007 OCT 17 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112007 REIN-LLC CR2E101 (1/07)

4. FEI Number 56-2540496	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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