

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000075548

**FILED**  
**Jul 28, 2009**  
**Secretary of State**

**Entity Name:** IRINY PLACE LLC

**Current Principal Place of Business:**

1257 SW 87TH PLACE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

1257 SW 87TH PLACE  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FALESTINY, MAGDY  
920 ROLLING ACRES RD STE 1  
LADY LAKE, FL 34476 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: MAGDY N. FALESTINY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FALESTINY, MAGDY  
Address: 920 ROLLING ACRES RD., SUITE 1  
City-St-Zip: LADY LAKE, FL 321595029

**ADDITIONS/CHANGES:**

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: MAGDY N. FALESTINY

MGR

07/28/2009

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