

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079423

Entity Name: REGAL ENTERPRISES, LLC

FILED  
Oct 10, 2008  
Secretary of State

## Current Principal Place of Business:

15073 SPINNAKER COVE LANE  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

15138 SPINNAKER COVE LANE  
WINTER GARDEN, FL 34787

## Current Mailing Address:

15073 SPINNAKER COVE LANE  
WINTER GARDEN, FL 34787

## New Mailing Address:

15138 SPINNAKER COVE LANE  
WINTER GARDEN, FL 34787

FEI Number: 20-4098612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTLER, NEIL M MR  
15073 SPINNAKER COVE LANE  
WINTER GARDEN, FL 34787 US

## Name and Address of New Registered Agent:

BUTLER, NEIL M MR  
15138 SPINNAKER COVE LANE  
WINTER GARDEN, FL 34787 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: TINA BUTLER

10/10/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BUTLER, NEIL M MR  
Address: 15073 SPINNAKER COVE LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete  
Name: BUTLER, TINA A MRS  
Address: 15073 SPINNAKER COVE LANE  
City-St-Zip: WINTER GARDEN, FL 34787

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BUTLER, NEIL M MR  
Address: 15138 SPINNAKER COVE LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM (X) Change ( ) Addition  
Name: BUTLER, TINA A MRS  
Address: 15138 SPINNAKER COVE LANE  
City-St-Zip: WINTER GARDEN, FL 34787

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: TINA BUTLER

MGRM

10/10/2008

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