

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000084274

Entity Name: PAUL ROWE, LLC

**FILED**  
**Feb 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

14 SHELTER COVE  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

14 SHELTER COVE DRIVE  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

14 SHELTER COVE  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

14 SHELTER COVE DRIVE  
SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-3361270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

ROWE, PAUL  
14 SHELTER COVE  
SANTA ROSA BEACH, FL 32459 US

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

ROWE, PAUL  
14 SHELTER COVE DRIVE  
SANTA ROSA BEACH, FL 32459 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: CRYSTAL ROWE

02/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROWE, PAUL  
Address: 14 SHELTER COVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROWE, PAUL  
Address: 14 SHELTER COVE DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL ROWE

MGRM

02/08/2007

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