

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000089106

1. Entity Name  
TAYBEN PROPERTIES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 14 AM 9:56

Principal Place of Business  
820 NE 6TH AVENUE  
DELRAY BEACH, FL 33483

Mailing Address  
820 NE 6TH AVENUE  
DELRAY BEACH, FL 33483



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

09112007 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-3443592** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
KERN, KEITH D ESQ  
50 SE FOURTH AVENUE  
DELRAY BEACH, FL 33483

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$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 SHAFFER, JEFFREY 820 NE 6TH AVENUE DELRAY BEACH, FL 33483	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900109971639 09/25/07--01008--016 **105.00	<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
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**REINSTATEMENT**  
**2006-2007**

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: \_\_\_\_\_ Date: 9/12/07 (561) 860-7556