

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000096818

1. Entity Name
LATOUR ENTERPRISES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:22

Principal Place of Business
2501-A BURNE RD
PALM BEACH GARDENS, FL 33410

Mailing Address
2501-A BURNE RD
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business

8845 N. Military Trail
Suite, Apt. #, etc.
200

3. Mailing Address

8845 N. Military Trail
Suite, Apt. #, etc.
200

11222006 REIN-LLC CR2E101 (11/05)

City & State

N. Palm Beach, FL

City & State

N. Palm Beach, FL

Zip

33410

Country

U.S.A.

Zip

33410

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIENER, MYSKAL GRAY
2501-A BURNE RD
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
WIENER, MYSKAL GRAY
Street Address (P.O. Box Number is Not Acceptable)
8845 N. Military Trail, Suite 200
City
North Palm Beach FL Zip Code
33410

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

Myskal Gray
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-22-06

DATE

FILE NOW!!! FEE IS \$96.00
After January 1, 2007, 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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
WIENER, MYSKAL GRAY
STREET ADDRESS
773 HARBOUR ISLES PLACE
CITY-ST-ZIP
NORTH PALM BEACH, FL 33410 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600082100276
11/28/06--01031--012 **55.00

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
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☐ Change ☐ Addition
REINSTATEMENT 2006

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-22-06 561-575-9000

Date

Daytime Phone #

X 402