

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000097898

Entity Name: P.B. FOY LLC

**FILED**  
**Jun 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8441 CYPRESS LAKE CIRCLE  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

4021 TAGGART CAY N  
302  
SARASOTA, FL 34233 US

**Current Mailing Address:**

8441 CYPRESS LAKE CIRCLE  
SARASOTA, FL 34243 US

**New Mailing Address:**

4021 TAGGART CAY N  
302  
SARASOTA, FL 34233 US

FEI Number: 59-4603740      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:**

FOY, PATRICK R  
8441 CYPRESS LAKE CIRCLE  
SARASOTA, FL 34232 US

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

FOY, PATRICK R  
4021 TAGGART CAY N  
302  
SARASOTA, FL 34233 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: PATRICK FOY

06/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOY, PATRICK R  
Address: 8441 CPRESS LAKE CIRCLE  
City-St-Zip: SARASOTA, FL 34232 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOY, PATRICK R  
Address: 4021 TAGGART CAY N 302  
City-St-Zip: SARASOTA, FL 34232 US

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: PATRICK FOY

MR

06/11/2007

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