

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000102766

Entity Name: DEBRA J. MALONE, LLC

FILED  
Oct 14, 2009  
Secretary of State

## Current Principal Place of Business:

109 SAN JUAN DRIVE  
ISLAMORADA, FL 33036 US

## New Principal Place of Business:

17 N ORLANDO AVENUE  
COCOA BEACH, FL 32931 US

## Current Mailing Address:

109 SAN JUAN DRIVE  
ISLAMORADA, FL 33036 US

## New Mailing Address:

PO BOX 372341  
SATELLITE BEACH, FL 32937 US

FEI Number: 20-3826404      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:

MALONE, DEBRA J  
109 SAN JUAN DRIVE  
ISLAMORADA, FL 33036 US

## Name and Address of New Registered Agent:

MALONE, DEBRA J  
681 SEAGULL DRIVE  
SATELLITE BEACH, FL 32937 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: DEBRA MALONE

10/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MALONE, DEBRA J  
Address: 109 SAN JUAN DRIVE  
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGRM ( ) Delete  
Name: MALONE, MICHAEL G  
Address: 109 SAN JUAN DRIVE  
City-St-Zip: ISLAMORADA, FL 33036 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MALONE, DEBRA J  
Address: PO BOX 372341  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGRM (X) Change ( ) Addition  
Name: MALONE, MICHAEL G  
Address: PO BOX 372341  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGRM ( ) Change (X) Addition  
Name: MALONE, BLAKE M  
Address: PO BOX 372341  
City-St-Zip: SATELLITE BEACH, FL 32937

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: DEBRA MALONE

MGMR

10/14/2009

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