

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000111731

Entity Name: NOBLE ARABIANS LLC

FILED  
Oct 24, 2006  
Secretary of State

**Current Principal Place of Business:**

8234 LITHIA PINECREST ROAD  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

8234 LITHIA PINECREST ROAD  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 59-0100268      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:**

ARENA, KEN EA  
910 LITHIA PINECREST ROAD  
BRANDON, FL 33511 US

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

DICKMAN, LYLE  
8234 LITHIA PINECREST RD  
LITHIA, FL 33547 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: LYLE DICKMAN

10/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DICKMAN, LYLE B  
Address: 8234 LITHIA PINECREST ROAD  
City-St-Zip: LITHIA, FL 33547

Title: MGRM (X) Delete  
Name: JAMES, JENSEN A  
Address: 8234 LITHIA PINECREST ROAD  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYLE DICKMAN

MGR

10/24/2006

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