

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000002699

**FILED**  
**Oct 15, 2007**  
**Secretary of State**

**Entity Name:** HONEYMOONS & RESORT WEDDINGS BY LORRENDA LLC

**Current Principal Place of Business:**

22001 SW 94TH AVENUE  
MIAMI, FL 33190

**New Principal Place of Business:**

**Current Mailing Address:**

22001 SW 94TH AVENUE  
MIAMI, FL 33190

**New Mailing Address:**

**FEI Number:** 41-2191648      **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:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: SARA LEA

10/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAY, LORRENDA L  
Address: 22001 SW 94TH AVENUE  
City-St-Zip: MIAMI, FL 33190

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAY, LORRENDA L  
Address: 22001 SW 94TH AVENUE  
City-St-Zip: CUTLER BAY, FL 33190

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: LORRENDA L RAY

MGRM

10/15/2007

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