

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 20 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000003524

1. Entity Name
WARREN ENTERPRISES, LLC



Principal Place of Business
1117 CLARE AVENUE
WEST PALM BEACH, FL 33401

Mailing Address
1117 CLARE AVENUE
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
1516 SHAKER CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1516 SHAKER CIRCLE
Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
WELLINGTON, FLORIDA

Zip
33414

Country
USA

Zip
33414

Country

10272007 REIN-LLC CR2E101 (1/07)

4. FEI Number
204090278

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, WAYNE H
1117 CLARE AVENUE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
WAYNE H. WARREN
Street Address (P.O. Box Number is Not Acceptable)
1516 SHAKER CIRCLE
City
WELLINGTON FL Zip Code
33414

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

Wayne W

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WARREN, WAYNE H
1117 CLARE AVENUE
WEST PALM BEACH, FL 33401 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000112391910
11/19/07--01010--007 **150.00

TITLE
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☐ 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: *Wayne W*

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

Date

Daytime Phone #

REINSTATEMENT

07