

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000010869

**FILED**  
**Nov 01, 2007**  
**Secretary of State**

**Entity Name:** LEONORA INVESTMENTS, LLC.

**Current Principal Place of Business:**

11214 PINES BOULEVARD  
#105  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

11214 PINES BOULEVARD  
#105  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

LAW OFFICES OF S.C. JONES, P.A.  
1065 TWIN BRANCH LANE  
WESTON, FL 33326 US

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

LAW OFFICES OF STANLEY B. LEWIS, P.A.  
20295 NW 2ND AVENUE  
SUITE 211  
MIAMI, FL 33169 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: STANLEY B. LEWIS

11/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCFARLANE, DENEISE  
Address: 11214 PINES BOULEVARD, #105  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR ( ) Delete  
Name: MOORE, KEESHA  
Address: 11214 PINES BOULEVARD, #105  
City-St-Zip: PEMBROKE PINES, FL 33026

**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 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: KEESHA MOORE

MGR

11/01/2007

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