

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000045736

FILED
Jan 30, 2009
Secretary of State

Entity Name: KIRLAND 41023, LLC

Current Principal Place of Business:

9572 SAVONA WINDS DR.
DELRAY BEACH, FL 33446

New Principal Place of Business:

855 NW 17 AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

Current Mailing Address:

9572 SAVONA WINDS DR.
DELRAY BEACH, FL 33446

New Mailing Address:

855 NW 17 AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

FEI Number: 20-4794892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDER, THERESA
855 NW 17TH AVENUE
SUITE A
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: THERESA CONDER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONDER, THERESA
Address: 9572 SAVONA WINDS DR.
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: BLACKWELL, KELLIE A
Address: 3700 AIRPORT RD., SUITE 210
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Delete
Name: KIRLAND, ROBERT
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONDER, THERESA
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM (X) Change () Addition
Name: KIRLAND, ROBERT A
Address: 855 NW 17TH AVENUE SUITE A
City-St-Zip: DELRAY BEACH, FL 33445 US

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: THERESA CONDER

MGRM

01/30/2009

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