

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000064870

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

**Entity Name:** CIRCLE BAR C ENTERPRISES LLC

**Current Principal Place of Business:**

16650 SW MORGAN STREET  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

16650 SW MORGAN STREET  
INDIANTOWN, FL 34956

**New Mailing Address:**

**FEI Number:** 20-5114436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CONWAY, MICHAEL J  
16650 SW MORGAN STREET  
INDIANTOWN, FL 34956 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: MICHAEL J. CONWAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONWAY, MICHAEL J  
Address: 16650 SW MORGAN STREET  
City-St-Zip: INDIANTOWN, FL 34956

**ADDITIONS/CHANGES:**

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: MICHAEL J. CONWAY

MGRM

10/15/2007

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