20	008 LIMITED LIA REINSTA		PANY						
DOCUMENT # L06000066394 · 1. Entity Name HALONA, LLC					FILED				
			20	STITLE .	-	2008 DEC 23	Am 10: 53		
Principal Plac 6237 S 238 K-202 KENT, WA 9	TH ST	Mailing Address 10216 SE 256TH ST 103-120 KENT, WA 98030				SECRETAR) TALLAHASSI	OF STATE EE, FLORIDA		
				·					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 27304-24 AVE, South 27304-24 AVE.				тН			KE un ten uters behave eret uter uter	n na fi ki n ch i	
Suite, Apt.	Sujte, Apt. #, etc. Suite, Apt. #, etc.				12112008	REIN-LLC	CR2E101 (1/07)		
City & Stat				1	4. FEI Number APPLIED FOR 20-5164679 Not Applied For Not Applicable				
Zip	Country	TEPERAL WAT	Country			e of Status Desired	5.00 Ad		
9800	03 USA 6. Name and Address of Current R	20 98003	<u>usa</u>	· · · · · · · · ·	L		Fee Require		
			Nam	7. Name and Address of New Registered Agent Name					
PATHFINDER BUSINESS STRATEGIES, LLC 10315 102ND TERRACE SEBASTIAN, FL 32958				Street Address (P.O. Box Number is Not Acceptable)					
			City			·			
9 The shours	normal catily, a denite this statement far				FL Zip Code or registered agent, or both, in the State of Florida. 1 am familiar with, and accept				
	tions of registered agent.	ine purpose or crianging its re	gistared onic	a or register	ed agent, or or	oun, in the State of Fit	mua. Tam taminar wini,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	d tife if applicable. (NOTE: I	Registered Agent	lignature requir	ed when reinstating		DATE	<u> </u>	
	•••								
After Janua	FILE NOWIII FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50			b), F.S., th te prior no	Prior notice. Florida Department of State				
9. TITLE	MANAGING MEMBER	S/MANAGERS	10. TITLE		<u></u>	ADDITIONS	CHANGES	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BROWER, BEVERLEY 10216 SE 256TH ST, #103-120 KENT, WA 98030		NAME	ss 273	304-24 PERAL V	the AVE, Sou VAY, WA			
TITLE		Delete	TITLE					Addition	
NAME STREET ADDRESS CITY-ST-21P			NAME STREET ADDRE *CITY-ST-ZIP	ss	12/23/	Q13923	001 **138.79	5	
TITLE NAME STREET ADORESS		Delete	, TITLE NAME STREET ADDRE	ss			Change	Addition	
CITY-ST-ZIP TITLE		1	CITY-ST-ZIP TITLE				Change	Addition	
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CITY-ST-ZIP	<u> </u>	Delete	CITY-ST-ZIP TITLE			ner ill extension for the s	BUT ASL	Addition	
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TITLE	ļ	Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			. NAME STREET ADDRE	ce					
CITY-ST-ZIP			CITY-ST-ZIP	~					
11. I hereby certify that the information supplied with this filling 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.									
Beverly Brower, MCR., HALONA, LLC 12/19/08 BEVERLEY BROWER									

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