

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L06000066394**



1. Entity Name  
**HALONA, LLC**

**FILED**

2008 DEC 23 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 6237 S 238TH ST K-202 KENT, WA 98030	Mailing Address 10216 SE 256TH ST 103-120 KENT, WA 98030
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2. Principal Place of Business - No P.O. Box # <b>27304-24th AVE. SOUTH</b>	3. Mailing Address <b>27304-24th AVE. SOUTH</b>
Suite, Apt. #, etc. <b># 81</b>	Suite, Apt. #, etc. <b># 81</b>

12112008 REIN-LLC CRZE101 (1/07)

City & State <b>FEDERAL WAY, WA</b>	City & State <b>FEDERAL WAY, WA</b>
Zip <b>98003</b>	Country <b>USA</b>
Zip <b>98003</b>	Country <b>USA</b>

4. FEI Number <b>APPLIED FOR 20-5164679</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PATHFINDER BUSINESS STRATEGIES, LLC**  
10315 102ND TERRACE..  
SEBASTIAN, FL 32958

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	<b>BROWER, BEVERLEY</b>	
STREET ADDRESS	<b>10216 SE 256TH ST, #103-120</b>	
CITY-ST-ZIP	<b>KENT, WA 98030</b>	

**10. ADDITIONS/CHANGES**

TITLE	NAME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>27304-24th AVE. SOUTH, #81</b>		
CITY-ST-ZIP	<b>FEDERAL WAY, WA 98003</b>		

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12/23/08--01011--001 \*\*138.75

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: *Beverly Brower*, MGR, HALONA, LLC 12/19/08  
**BEVERLEY BROWER**