## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT						4	
DOCUMENT #L06000072226			6		FILED	,	
1. Entity Nam	6						
224 ĆHURCHILL, LLC				2808	MAR 27 PM	l: 40	
Drive in al Place	- of D	MANUS Address	2.0		CRETARY OF S	STATE	
Principal Place		Mailing Address	WE STE SOO	SE	CRE IAN	LORIDA	
		525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BEACH, FL 33401		TAL	LAUMOGEN	•	
TEST THE DESCRIPTION							
Principal Place of Business - No P O Box # 3. Mailing Address							
			i A		I BR BBILD BILL BBILL BBILL	# <b>                                     </b>	
Suite, Apt #, etc.		400 S. Austealian Ave Suite, Apt #, etc.					
±300		#300		0126200	8 REIN-LLC	CR2E101 (1/07)	
City & State		City & State		4. FEI Nu		— <del>— — —</del>	plied For
WEST PAIM BETACH, FL Zip Country		WEST PAIM BEACH, FL Zip Country		32-	0176738		ot Applicable
33401		<sup>Zip</sup> 33401	ÚSA	5. Certific	ate of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current R	tegistered Agent		7. Name	and Address of New R	egistered Agent	
KOEPPEL, JOEL P ESQ				JOEL P. KOEPPEL			
	H FLAGLER DRIVE STE 200		Street A	ddress (P.O. Box Nu	mber is Not Acceptable	9)	
	M BEACH, FL 33401		400 S. AUSTRALIAN AVE				
			世	<i>30</i> 0			
· ·			City	EST PAIM	BEACH	FL Zip Cod	e (/)
8. The above	named entity submits this statement for	the purpose of changing its reg		<del></del>			
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 3/18/08							
<del>-</del>	Signature typed of Drinted name of edistered agent ar	nd title if applicable (NOTE: R	egistered Agent signs	ture required when relasts	ting)	DATE	15 15 15 15 15 15 15 15 15 15 15 15 15 1
			202 40040\#\			ရဲ့ check payable to ?	
FIL	E NOW!!! FEE 18 \$277.50	In accordance with s. (	out receive the p	r.S., the limited orior notice.	Florida	a Department of Stat	
			•				Those of
9.	MANAGING MEMBER		10.	42.00	ADDITIONS/		
TITLE NAME		☐ Delete		MBR		☐ Change	Addition
STREET ADDRESS			MANUE	· · ·	-a .		
			NAME STREET ADDRESS	CASEY COW			
CITY-ST-ZIP				CASEY COW 400 S. Aus	RALIAN AND	± 300	
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