

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000077917

**FILED**  
**Feb 08, 2009**  
**Secretary of State**

**Entity Name:** ANDREW OWENS ENTERPRISES, LLC

**Current Principal Place of Business:**

390 NE CASTAGNA LANE  
MAYO, FL 32066

**New Principal Place of Business:**

**Current Mailing Address:**

390 NE CASTAGNA LANE  
MAYO, FL 32066

**New Mailing Address:**

**FEI Number:** 76-0841092      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

OWENS, ANDREW  
390 NE CASTAGNA LANE  
MAYO, FL 32066    US

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

OWENS, ANDREW M  
390 NE CASTAGNA LANE  
MAYO, FL 32066    US

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: M. ANDREW OWENS

02/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: OWENS, ANDREW  
Address: 390 NE CASTAGNA LANE  
City-St-Zip: MAYO, FL 32066

**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: M. ANDREW OWENS

MR.

02/08/2009

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