
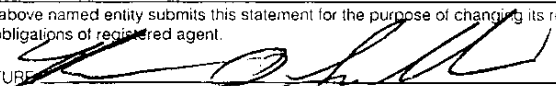


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 23 PM 3:59

DOCUMENT # L06000086858 1. Entity Name CRAINE'S CORNER 466A LLC					
Principal Place of Business 306 OAK STREET LADY LAKE, FL 32159			Mailing Address 306 OAK STREET LADY LAKE, FL 32159		
2. Principal Place of Business - No P.O. Box # 313 W. Hermosa		3. Mailing Address 313 W. Hermosa			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lady Lake, FL		City & State Lady Lake, FL		4. FEI Number 20-5688659	
Zip 32159		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMALLWOOD, MARVIN O 306 OAK STREET LADY LAKE, FL 32159		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 10/15/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMALLWOOD, MARVIN 306 OAK STREET LADY LAKE, FL 32159	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAINE, DENISE G P.O. BOX 490155 LEESBURG, FL 34749	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAINE, DENISE G P.O. BOX 490155 LEESBURG, FL 34749	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAINE, DENISE G P.O. BOX 490155 LEESBURG, FL 34749	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAINE, DENISE G P.O. BOX 490155 LEESBURG, FL 34749	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAINE, DENISE G P.O. BOX 490155 LEESBURG, FL 34749	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAINE, DENISE G P.O. BOX 490155 LEESBURG, FL 34749	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAINE, DENISE G P.O. BOX 490155 LEESBURG, FL 34749	<input type="checkbox"/> Delete			
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.			<div style="text-align: right;"> REINSTATEMENT 2007 10/15/07 </div>		