

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000090882

Entity Name: SAVIETY, LLC

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6095 SUGAR LOAF LANE  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

6095 SUGAR LOAF LANE  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 84-1702635      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:**

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

MCCLINE, CHRISTINE  
6095 SUGAR LOAF LANE  
WEST PALM BEACH, FL, FL 33411      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: CHRISTINE MCCLINE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MCCLINE, CHRISTINE  
Address: 6095 SUGAR LOAF LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM      ( ) Delete  
Name: BOGGS, JESSICA N  
Address: 5418 SEALINE BLVD.  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTINE MCCLINE

MGRM

10/12/2007

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