2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 31 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000102845

1. Entity Name
OWNER ALLIANCE, LLC

Principal Place of Business
3880 E. COQUINA WAY
WESTON, FL 33332

Mailing Address
1304 SW 160TH AVENUE
#224
WESTON, FL 33326

12292008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 26-1664621 ~~APPLIED FOR~~ | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, OSCAR
1304 SW 160TH AVENUE
#224
WESTON, FL 33326

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 _____ 12/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! ~~FEE IS $238.75~~
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	TORRES, OSCAR	1304 SW 160TH AVENUE, #224	WESTON, FL 33326	☐
MGRM	TORRES, TANIA	1304 SW 160TH AVENUE, #224	WESTON, FL 33332	☐
				☐
				☐
				☐
				☐
				☐

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		000139408530 12/31/08--01087--005 **238.75		☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: _____ 12/29/08 9547093333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #