

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 31 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12292008 REIN-LLC CR2E101 (1/07)

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

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**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**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**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: DATE: 12/29/08

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

(NOTE: Registered Agent signature required when reinstating)

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TORRES, OSCAR 1304 SW 160TH AVENUE, #224 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TORRES, TANIA 1304 SW 160TH AVENUE, #224 WESTON, FL 33332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000139408530</b> <b>12/31/08--01087--005 **238.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #