


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000103756	
1. Entity Name OWL'S EYES OF OCALA, LLC	

Principal Place of Business 3451 SW COLLEGE ROAD OCALA, FL 33474	Mailing Address 3451 SW COLLEGE ROAD OCALA, FL 33474
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
08 JAN -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01022008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent BALDWIN, ERNEST EDWARD 3451 SW COLLEGE ROAD OCALA, FL 33474
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Ernest E. Baldwin</u> 1-02-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HEINLEIN, GEORGE 888 VETERANS MEMORIAL HIGHWAY BLDG 1,S 430 HAUPPAUGE, NY 11788	10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP 700113660367 01/03/08--01056--006 ***377.50
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TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR BALDWIN, ERNEST EDWARD 2688 HIGHWAY 70 CONOVER, NC 28613	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Ernest E. Baldwin</u> 1-02-08 828-459-9992 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>

REINSTATEMENT

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