

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000115027

Entity Name: 821 SOUTH H STREET, LLC

FILED  
Jan 25, 2008  
Secretary of State

**Current Principal Place of Business:**

821 SOUTH H STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

821 SOUTH H STREET  
LAKE WORTH, FL 33460

**New Mailing Address:**

7656 EAST 3RD ST  
DOWNEY, CA 90241

FEI Number: 11-3796458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

TOBIN & REYES, P.A.  
5355 TOWN CENTER ROAD, STE. 204  
BOCA RATON, FL 33486      US

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

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: DAVID S. TOBIN.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KATHY A. TEHEE FAMIL, Y TRUST  
Address: 7656 EAST 3RD ST.  
City-St-Zip: DOWNEY, CA 90241

Title: MGRM ( ) Change (X) Addition  
Name: GOMEZ, KATHY A  
Address: 7656 EAST 3RD ST.  
City-St-Zip: DOWNEY, CA 90241

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: KATHY A.. GOMEZ

MGRM

01/25/2008

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