


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L070900010416</b> 1. Entity Name <b>MAHONEY &amp; MAHONEY ASSOCIATES, LLC</b>			
Principal Place of Business 10524 EGRET HAVEN LANE RIVERVIEW, FL 33569		Mailing Address 10524 EGRET HAVEN LANE RIVERVIEW, FL 33569	
2. Principal Place of Business - No P.O. Box # <b>35048 Deer Field</b> Suite, Apt. #, etc. <b>Oaks Dr.</b> City & State <b>Zephyrchills FL</b> Zip <b>33541</b> Country <b>Pasco</b>		3. Mailing Address <b>35048 Deer Field Oaks</b> Suite, Apt. #, etc. <b>Dr.</b> City & State <b>Zephyrchills FL</b> Zip <b>33541</b> Country <b>Pasco</b>	
4. FEI Number <b>22-3953439</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>The Johnson Law Group</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 W. SR 434</b> City <b>LONGWOOD</b> FL Zip Code <b>32779</b>	
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><i>Derrick V Mahoney</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, ANATRA 10524 EGRET HAVEN LANE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHONEY, ANATRA 10524 EGRET HAVEN LANE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHONEY, DERRICK 10524 EGRET HAVEN LANE RIVERVIEW, FL 33569	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>200138098412</b> <b>11/19/08--01034--016 **138.75</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	
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><i>Derrick V Mahoney</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____		Daytime Phone # _____	

FILED  
NOV 19 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT