

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000044488

1. Entity Name  
YAHWEH DESIGN, LLC



FILED

09 APR -3 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
757 FURTH RD. NW  
PALM BAY, FL 32907

Mailing Address  
757 FURTH RD. NW  
PALM BAY, FL 32907

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



03302009 REIN-LLC

CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-8915993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLONIM, DAVID  
932 SOUTH WICKHAM ROAD  
WEST MELBOURNE, FL 32904

Name VINROY PENNINGTON  
Street Address (P.O. Box Number is Not Acceptable)  
757 FURTH RD. NW.  
PALM BAY, FL. 32907  
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

*Vinroy Pennington* Vinroy Pennington mgr 3/30/09  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PENNINGTON, VINROY  
STREET ADDRESS 757 FURTH RD. NW  
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Delete

TITLE MGRM  
NAME PENNINGTON, KIMBERLY  
STREET ADDRESS 757 FURTH RD. NW  
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Delete

TITLE MGRM  
NAME MOREAU, SAMUEL  
STREET ADDRESS 2221 FOXGLOVE WAY  
CITY-ST-ZIP LINCOLN, CA 95648 ☐ Delete

TITLE MGRM  
NAME MOREAU, TREBERLYN A  
STREET ADDRESS 2221 FOXGLOVE WAY  
CITY-ST-ZIP LINCOLN, CA 95648 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE L. SELLERS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Vinroy Pennington* Vinroy Pennington mgr 3/30/09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #