

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000066252

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** SAN ANN MANAGEMENT, LLC

**Current Principal Place of Business:**

12146 CURLEY STREET  
SAN ANTONIO, FL 33576

**New Principal Place of Business:**

12620 CURLEY ST  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

12146 CURLEY STREET  
SAN ANTONIO, FL 33576

**New Mailing Address:**

P O BOX 907  
SAN ANTONIO, FL 33576

**FEI Number:** 26-1340540      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

NEWLON, TIMOTHY  
12146 CURLEY STREET  
SAN ANTONIO, FL 33576      US

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

NEWLON, TIMOTHY  
12620 CURLEY ST  
SAN ANTONIO, FL 33576      US

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: TIMOTHY NEWLON

03/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NEWLON, TIMOTHY  
**Address:** POST OFFICE BOX 913  
**City-St-Zip:** SAN ANTONIO, FL 33576

**Title:** MGRM  
**Name:** NEUMANN, WARREN A  
**Address:** POST OFFICE BOX 1207  
**City-St-Zip:** SAN ANTONIO, FL 33576

**Title:** MGRM  
**Name:** NEWLON, JOSEPH  
**Address:** POST OFFICE BOX 547  
**City-St-Zip:** SAN ANTONIO, FL 33576

I hereby 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: JOSEPH NEWLON

MGRM

03/25/2010

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