

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 OCT 15 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



09302008 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-1186566 Applied For Not Applicable

5. Certificate of State Business Tax \$5.00 Additional Fee Required

DOCUMENT # L07000092939

1. Entity Name
ADABOY KENNELS LLC



Principal Place of Business
845 TAYLOR RD
PORT ORANGE, FL 32127

Mailing Address
845 TAYLOR RD
PORT ORANGE, FL 32127

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
RANCOURT, ED
817 HAIL COURT
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	MGR RANCOURT, JESSICA 845 TAYLOR RD PORT ORANGE, FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAWAZ, UMEIR 845 TAYLOR RD PORT ORANGE, FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400136867184 10/13/08--01027--019 **138.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [Signature] 10/05/08 386-761-1424 703-732-2369 (C)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #