2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L07000110829

Entity Name: LEWRANIBOND LLC

Current Principal Place of Business:

5709 JOHNS RD
1209
TAMPA, FL 33634

New Principal Place of Business:

5607 JOHNS RD
TAMPA, FL 33634

Current Mailing Address:

5709 JOHNS RD
1209
TAMPA, FL 33634

New Mailing Address:

5607 JOHNS RD
TAMPA, FL 33634

FEI Number: 26-1354152 **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:

MORRIS, J MICHAEL
6508 E FOWLER AVE
TAMPA, FL 33617 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: MICHAEL J MORRIS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LEWENSON, ROBERT N	
Address:	5218 LONGBOAT BLVD	
City-St-Zip:	TAMPA, FL 33615	
Title:	MGR	( ) Delete
Name:	RANEY, DENNIS B	
Address:	28325 PRIVATE RD	
City-St-Zip:	OKAHUMPKA, FL 34762	
Title:	MGR	( ) Delete
Name:	ISMAIL, ESAAM	
Address:	215 S GOODMAN AVE	
City-St-Zip:	LAKE ALFRED, FL 33850	
Title:	MGR	( ) Delete
Name:	WEISBOND, STEVEN M	
Address:	12910 LAZY PINE PL	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROBERT N LEWENSON MGR 02/02/2009

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