


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000118035		
1. Entity Name LAUREN W., L.L.C.		

Principal Place of Business 20903 LEEWARD COURT AVENTURA, FL 33180	Mailing Address 20903 LEEWARD COURT AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # 18259 SW 54th St.	3. Mailing Address 3830 S. Hwy. A1A.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 4-109

City & State MIAMI, FL.	City & State MELBOURNE BEACH, FL
Zip 33029	Zip 32951
Country USA	Country U.S.A.

10152008 REIN-LLC CR2E101 (1/07)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BELCHER, MICHAEL F 20903 LEEWARD COURT #316-1 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name MICHAEL F. BELCHER Street Address (P.O. Box Number is Not Acceptable) 3830 S. Hwy. A1A. # 4-109 City MELBOURNE BEACH FL Zip Code 32951	
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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 MRS. MICHAEL F. BELCHER - MGRM. DATE 10.15.08  
(NOTE: Registered Agent signature required when reinstating)

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELCHER, MICHAEL F 20903 LEEWARD COURT AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELCHER, MICHAEL F. 3830 S. Hwy. A1A. Suite 4-109 MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MRS. MICHAEL F. BELCHER DATE 10.15.08 1877.659.3755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED  
08 OCT 21 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
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