


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000121141		
1. Entity Name CONAN CONWAY, LLC		

FILED
09 JAN -8 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 2440 APPALOOSA TRAIL WELLINGTON, FL 33414	Mailing Address 2440 APPALOOSA TRAIL WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12122008 REIN-LLC CR2E101 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input 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 DOORAKIAN, DANIEL ESQ 625 NORTH FLAGLER DRIVE 9TH FL WEST PALM BEACH, FL 33401

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 <u>Daniel Doorakian</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>12/19/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 for 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 CONWAY, CONAN 2440 APPALOOSA TRAIL WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700139509627 01/05/09--01077--008 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2008

L. SELLERS

JAN - 9 2009

EXAMINER

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>12/20/08</u> DAYTIME PHONE # <u>561 3074945</u>