

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000069517

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Entity Name:** BENTLEY BLOWN AWAY, LLC

**Current Principal Place of Business:**

3595 ANCHORAGE WAY  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801 US

**New Mailing Address:**

3595 ANCHORAGE WAY  
COCONUT GROVE, FL 33133 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

A.G.C. CO.  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801 US

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

LEWIS, PETER B  
3595 ANCHORAGE WAY  
COCONUT GROVE, FL 33133 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: PETER B. LEWIS

10/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: LEWIS, PETER B  
Address: 3595 ANCHORAGE WAY  
City-St-Zip: COCONUT GROVE, FL 33133 US

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: PETER B. LEWIS

MR.

10/02/2009

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