

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000000054

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** LYNN, DETORE, AND ASSOCIATES, LLC

**Current Principal Place of Business:**

21750 STATE ROAD 54  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

21750 STATE ROAD 54  
LUTZ, FL 33549 US

**New Mailing Address:**

**FEI Number:** 27-1592263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNN, SCOTT D  
8632 WINSOME WAY  
LAND O LAKES, FL 34637 US

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

DETORE, ROBERT C  
15911 KING JAMES CT  
ODESSA, FL 33556 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: ROBERT DETORE

02/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYNN, SCOTT D  
Address: 8736 WINSOME WAY  
City-St-Zip: LAND O LAKES, FL 34637 US

Title: MGRM  
Name: DETORE, ROBERT C  
Address: 15911 KING JAMES CT  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 DETORE

MGRM

02/09/2011

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