

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M02000000291

FILED
Oct 20, 2004
Secretary of State

Entity Name: HASTA LA VISTA, LLC

Current Principal Place of Business:

14410 PALMWOOD AVE., UNIT 18B
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

14410 PALMWOOD AVE., UNIT 18B
PALM BEACH GARDENS, FL 33410

New Mailing Address:

2190 LAKESHORE LANDING
ALPHARETTA, GA 30005

FEI Number: 03-0376444 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:

Name and Address of New Registered Agent:

LAYCOCK, GEORGE
14410 PALMWOOD AVE., UNIT 18B
PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LAYCOCK, GEORGE
Address: 14410 PALMWOOD AVE., UNIT 18B
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: LAYCOCK, MARCIANNE
Address: 14410 PALMWOOD AVE., UNIT 18B
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: GEORGE LAYCOCK

MGR

10/20/2004

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