

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
04 DEC -2 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000954 1. Entity Name CONNER SERIES, LLC					
Principal Place of Business 21 FLAXFIELD ROAD DUDLEY, MA 01571			Mailing Address 21 FLAXFIELD ROAD DUDLEY, MA 01571		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TESLOF, DONALD W 5024 ITHACA LANE SARASOTA, FL 34243			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Donald Teslof</i> DATE <i>11/28/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Operating Period is 12 months)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, CONRAD M 21 FLAXFIELD ROAD DUDLEY, MA 01571 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> 10/29/04--01073--001 **\$150.00 200042319552 10/29/04--01073--001 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, PAULA K 21 FLAXFIELD ROAD DUDLEY, MA 01571 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Conrad M Allen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>10/22/04</i> <i>508-787-5157</i> <small>Daytime Phone #</small>		

CONRAD M ALLEN