

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:00

DOCUMENT # M03000002318

1. Entity Name
PALM BAY PARTNERS LLC



Principal Place of Business
C/O ROYAL ABSTRACT OF NEW YORK LLC
500 FIFTH AVE, STE 1540
NEW YORK, NY 10110

Mailing Address
C/O ROYAL ABSTRACT OF NEW YORK LLC
500 FIFTH AVE, STE 1540
NEW YORK, NY 10110

2. Principal Place of Business

3. Mailing Address

• Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-0676197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM ☐ Delete
STREET ADDRESS KRAVET, MARTIN
CITY-ST-ZIP 500 FIFTH AVE., SUITE 1540
NEW YORK, NY 10110

TITLE
NAME MARTIN Kravet ☒ Change ☐ Addition
STREET ADDRESS 5 Bond Hollow Court
CITY-ST-ZIP Pleasantville, N.Y. 10570

TITLE
NAME John Lyons ☐ Delete
STREET ADDRESS 36 Pheasant Run Road
CITY-ST-ZIP Pleasantville, N.Y. 10570

TITLE
NAME John Lyons ☐ Change ☒ Addition
STREET ADDRESS 36 Pheasant Run Rd.
CITY-ST-ZIP Pleasantville, N.Y. 10570

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 600080787216
CITY-ST-ZIP 10/12/06--01067--023 **205.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME REINSTATEMENT 2006 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

10/12/06 (800) 848-5374