

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # M06000003157**

1. Entity Name  
**PAN AM LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR -7 AM 11:27

Principal Place of Business <b>2007 PAN AM CIRCLE TAMPA, FL 33607</b>	Mailing Address <b>2007 PAN AM CIRCLE TAMPA, FL 33607</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>445 Hutchinson Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 800</b>

03252009 REIN-LLC CR2E101 (1/07)

City & State	City & State <b>Columbus, OH</b>
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4. FEI Number <b>29-9626758</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>43235</b>	Country <b>Franklin</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>WATHEN, STEVEN P 2007 PAN AM CIRCLE TAMPA, FL 33607</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 *Steven P. Wathen* DATE 3/25/09  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATHEN, STEVEN P 2007 PAN AM CIRCLE TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>000148292040</b> <b>04/01/09--01034--020 **277.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven P. Wathen* Date 3/25/09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



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March 26, 2009

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Pan Am LLC

Division of Corporations:

Please find enclosed the executed 2009 LLC Reinstatement form and check for Pan Am LLC.

Respectfully,

A handwritten signature in black ink that reads "Lisa Green". The signature is written in a cursive, flowing style.

Lisa Green  
Executive Assistant