

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000003999

Entity Name: ANBRO ASSOCIATES, LLC

**FILED**  
**Mar 10, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

10 SPRING RIDGE LANE  
HENDERSONVILLE, NC 28739

**New Principal Place of Business:**

2655 N. OCEAN DRIVE  
SUITE 302  
SINGER ISLAND, FL 33404

**Current Mailing Address:**

10 SPRING RIDGE LANE  
HENDERSONVILLE, NC 28739

**New Mailing Address:**

2655 N. OCEAN DRIVE  
SUITE 302  
SINGER ISLAND, FL 33404

FEI Number: 20-0439984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYONS, EDWARD  
5510 N. OCEAN DRIVE, APT. 7B  
SINGER ISLAND, FL 33404 US

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

LYONS, EDWARD R  
2655 N. OCEAN DRIVE  
SUITE 302  
SINGER ISLAND, FL 33404 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: EDWARD R. LYONS

03/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LYONS, EDWARD R  
Address: 5510 N. OCEAN DRIVE, APT. 7B  
City-St-Zip: SINGER ISLAND, FL 33404

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LYONS, EDWARD R  
Address: 2655 N. OCEAN DRIVE, SUITE 302  
City-St-Zip: SINGER ISLAND, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDWARD R. LYONS

MGRM

03/10/2008

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