

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000052733

FILED
Dec 07, 2004
Secretary of State

Entity Name: VERTICAL VAR FLORIDA, LLC

Current Principal Place of Business:

13632 DOWLING LN
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

3168 MERCER UNIVERSITY DR
SUITE 100
CHAMBLEE, GA 30341

New Mailing Address:

FEI Number: 58-2568306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, TOM
13632 DOWLING LN
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: LEWIS, TOM
Address: 3168 MERCER UNIVERSITY DR, SUITE 100
City-St-Zip: CHAMBLEE, GA 30341

Title: MGRM () Delete
Name: CRIPPEN & LAWRENCE I, NVESTMENT
Address: 3168 MERCER UNIVERSITY DR, SUITE 100
City-St-Zip: CHAMBLEE, GA 30341

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: TOM LEWIS

MGRM

12/07/2004

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