

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000089062

FILED
Aug 31, 2009
Secretary of State

Entity Name: MNMB, LLC

Current Principal Place of Business:

15 PAVILION LAKE RD
NORTH AUGUSTA, SC 29860

New Principal Place of Business:

Current Mailing Address:

15 PAVILION LAKE ROAD
NORTH AUGUSTA, SC 29860

New Mailing Address:

15 PAVILION LAKE RD
NORTH AUGUSTA, SC 29860

FEI Number: 20-2188780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABRAMSON, LAWRENCE M
1860 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406 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: LARRY ABRAMSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HOOKER, MICHAEL R
Address: 15 PAVILION LAKE RD
City-St-Zip: NORTH AUGUSTA, SC 29860 US

Title: MGR () Delete
Name: HOOKER, MICHAEL S
Address: 485 12TH STREET SE
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGR () Delete
Name: JONES, BERNARD L
Address: 6237 ROYAL PALM BEACH BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: MICHAEL R. HOOKER

PRES

08/31/2009

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