

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 05, 2008  
Secretary of State**

DOCUMENT# L05000045053

Entity Name: TAMBELA LLC

**Current Principal Place of Business:**

2540 TROUT WAY  
COOPER CITY, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

2114 N. FLAMINGO RD.  
#224  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-3003201      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PEARLSTINE, LEONARD  
2540 TROUT WAY  
COOPER CITY, FL 33026      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: LEONARD PEARLSTINE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: PEARLSTINE, ELISE  
Address: 2540 TROUT WAY  
City-St-Zip: COOPER CITY, FL 33026

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

Title: MGRM      ( ) Delete  
Name: PEARLSTINE, LEONARD  
Address: 2540 TROUT WAY  
City-St-Zip: COOPER CITY, FL 33026

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: LEONARD PEARLSTINE

MGRM

10/05/2008

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