

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000024285

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

**Entity Name:** ALPHA AQUARIUM SPECIALISTS L.L.C.

**Current Principal Place of Business:**

1731 NICKLAUS DR  
MELBOURNE, FL 32935

**New Principal Place of Business:**

3008 PEBBLE CREEK ST.  
MELBOURNE, FL 32935

**Current Mailing Address:**

1731 NICKLAUS DR  
MELBOURNE, FL 32935

**New Mailing Address:**

3008 PEBBLE CREEK ST.  
MELBOURNE, FL 32935

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
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:**

JENNINGS, DEBORAH L MRS.  
1731 NICKLAUS DR  
MELBOURNE, FL 32935    US

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

JENNINGS, DEBORAH L MRS.  
3008 PEBBLE CREEK ST.  
MELBOURNE, FL 32935    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: DEBORAH L JENNINGS

10/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM    ( ) Delete  
Name:            JENNINGS, DEBORAH  
Address:        1731 NICKLAUS DR  
City-St-Zip:    MELBOURNE, FL 32935

**ADDITIONS/CHANGES:**

Title:            MGRM    (X) Change ( ) Addition  
Name:            JENNINGS, DEBORAH L  
Address:        3008 PEBBLE CREEK ST.  
City-St-Zip:    MELBOURNE, FL 32935

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: DEBORAH L JENNINGS

OWNE

10/10/2008

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