

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Mar 30, 2009
Secretary of State**

DOCUMENT# L07000035476

Entity Name: DMB LLC

Current Principal Place of Business:

1591 LANE AVE
6C
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

3629 CAROLINE VALEY BLVD
JACKSONVILLE, FL 32277 US

Current Mailing Address:

1591 LANE AVE
6C
JACKSONVILLE, FL 32210 US

New Mailing Address:

3629 CAROLINE VALEY BLVD
JACKSONVILLE, FL 32277 US

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:

Name and Address of New Registered Agent:

COLLEGE, TAX & RETIREMENT STRATEGIES, LLC
3110 SPRING GLEN RD
JACKSONVILLE, FL 32207 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: COLLEGE, TAX & RETIREMENT STRATEGIES, LLC

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: OLIYNYK, VASYL
Address: 1591 LANE AVE, #6C
City-St-Zip: JACKSONVILLE, FL 32210 US

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

Title: MGRM () Delete
Name: SHYB, MYKHAYLO
Address: 1591 LANE AVE, #6C
City-St-Zip: JACKSONVILLE, FL 32210 US

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

Title: MGRM () Delete
Name: SVYSTAK, VASYL
Address: 1591 LANE AVE, #6C
City-St-Zip: JACKSONVILLE, FL 32210 US

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: VASYL OLIYNYK

MGRM

03/30/2009

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