

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000104023

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** MONOPOLY MANAGEMENT, LLC.

**Current Principal Place of Business:**

8 S MAIN STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14503  
GAINESVILLE, FL 32601

**New Mailing Address:**

4428 MOORPARK WAY APARTMENT #1  
TOLUCA LAKE, CA 91602

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

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

GIANGRANDE, JUSTIN J  
3900 SW 27TH STREET  
APT D306  
GAINESVILLE, FL 32608 US

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

GIANGRANDE, JUSTIN J  
133 CARLYLE DRIVE  
PALM HARBOR, FL 34683 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: JUSTIN J. GIANGRANDE

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIANGRANDE, JUSTIN J  
Address: 4428 MOORPARK WAY #1  
City-St-Zip: TOLUCA LAKE, CA 91602

Title: MGRM  
Name: MITOW, JASON G  
Address: 133 CARLYLE DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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: JUSTIN J. GIANGRANDE

MGRM

04/30/2011

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