

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000093095

Entity Name: MICHEL A. CARON, LLC

FILED  
Oct 12, 2009  
Secretary of State

**Current Principal Place of Business:**

350 E. LAS OLAS BLVD., STE. 1000  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

350 E. LAS OLAS BLVD., STE. 1000  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

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

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

BSPA CORPORATE SERVICES, INC.  
350 E. LAS OLAS BLVD., STE. 1000  
FT. LAUDERDALE, FL 33301    US

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

CARON, HUGUES P.  
2885 ST CLAIR STREET  
JACKSONVILLE, FL 32254    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: HUGUES P. CARON

10/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MNG                      ( ) Change (X) Addition  
Name:                      CARON, MICHEL A  
Address:                      350 E. LAS OLAS BLVD., STE 1000  
City-St-Zip:                      FT LAUDERDALE, FL 33301

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: MICHEL A. CARON

MNG

10/12/2009

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