

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000001216

Entity Name: KAROLY LLC.

FILED
Oct 11, 2005
Secretary of State

Current Principal Place of Business:

4509 SCHADBERRY DR.
TAMPA, FL 33624

New Principal Place of Business:

8615 BROOKWAY CIR
TAMPA, FL 33635

Current Mailing Address:

PO BOX 260536
TAMPA, FL 336850536

New Mailing Address:

FEI Number: 59-3693731 FEI Number Applied For () FEI Number Not Applicable () 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:

SZEKERES, KAROLY
4509 SCHADBERRY DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SZEKERES, KAROLY
8615 BROOKWAY CIR
TAMPA, FL 33635 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: KAROLY SZEKERES

10/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SZEKERES, KAROLY
Address: 8615 BROOKWAY CIR
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAROLY SZEKERES

MGRM

10/11/2005

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