## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000104735

Entity Name: LOWA, LLC

Address:

City-St-Zip:

JACKSONVILLE, FL 32205

FILED May 19, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10810 GRAYSON STREET JACKSONVILLE, FL 32220 **Current Mailing Address: New Mailing Address:** 10810 GRAYSON STREET JACKSONVILLE, FL 32220 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEUX, JOSEPH C JR. 1301 RIVERPLACE BOULEVARD 2254 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: JOSEPH CLAY MEUX JR Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PHILLIPS, SHERRI L Name: Name: 10810 GRAYSON STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PHILLIPS, KENNETH J III Name: Name: Address: 11403 KALEEL ROAD Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BRYANT, MARCUS E Name: Name: 3736 MOORINGS LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition REED, OSCAR F JR. Name: Name: Address: 5168 CLARENDON ROAD Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition WISEMAN, JEREMY D Name: Name: 5334 POPPY DRIVE

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.

Address:

City-St-Zip:

SIGNATURE: SHERRI L PHILLIPS **MGRM** 05/19/2007