

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000101907

Entity Name: MERCHANT ANALYST, LLC

FILED  
Apr 06, 2009  
Secretary of State

## Current Principal Place of Business:

275 8TH AVE SOUTH  
NAPLES, FL 34102 US

## New Principal Place of Business:

9088 CHULA VISTA  
10802  
NAPLES, FL 34113 US

## Current Mailing Address:

275 8TH AVE SOUTH  
NAPLES, FL 34102 US

## New Mailing Address:

9088 CHULA VISTA  
10802  
NAPLES, FL 34113 US

FEI Number: 20-3638565      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

FISHMAN, GARY C  
275 8TH AVE SOUTH  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

FISHMAN, GARY C  
9088 CHULA VISTA  
10802  
NAPLES, FL 34113 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: GARY C FISHMAN

04/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FISHMAN, GARY C  
Address: 275 8TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FISHMAN, GARY C  
Address: 9088 CHULA VISTA #10802  
City-St-Zip: NAPLES, FL 34113 US

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: GARY C FISHMAN

MM

04/06/2009

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