

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000068518

FILED
May 12, 2009
Secretary of State

Entity Name: 1X1 DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

1441 COMMODORE WAY
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1441 COMMODORE WAY
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-3130775 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:

Name and Address of New Registered Agent:

STROH, MIKE MGR
1441 COMMODORE WAY
HOLLYWOOD, FL 33019 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: MIKE STROH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STROH, MIKE
Address: 1441 COMMODORE WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: GUCOVSKI, NOE
Address: 51 SW 11 ST. UNIT 634
City-St-Zip: MIAMI, FL 33130

Title: MGR (X) Delete
Name: MATERON, PAUL
Address: 51 SW 11 ST. UNIT 634
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

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

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

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

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: MIKE STROH

MGR

05/12/2009

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