

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000005079

FILED
May 14, 2009
Secretary of State

Entity Name: FORMOSO CAPITAL MANAGEMENT, L.L.C.

Current Principal Place of Business:

261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-3643006 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:

FORMOSO, GIACINTO
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713 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: GIACINTO FORMOSO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FORMOSO, GIACINTO
Address: 261 EAGLE ESTATE DRIVE
City-St-Zip: DEBARY, FL 32713

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

Title: MGRM () Delete
Name: FORMOSO, VITA
Address: 261 EAGLE ESTATE DRIVE
City-St-Zip: DEBARY, FL 32713

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

Title: MGRM () Delete
Name: FORMOSO, VITA TRUSTEE
Address: 261 EAGLE ESTATE DRIVE
City-St-Zip: DEBARY, FL 32713

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: GIACINTO FORMOSO

MGRM

05/14/2009

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