2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000013486

Entity Name: PHOEBE ELLSTON, L.L.C.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15303 LAKE BELLA VISTA DR TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

PO BOX 272488 TMAPA, FL 33688 PO BOX 272488 TAMPA, FL 33688

FEI Number: 59-3680468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELLSTON, PHOEBE 15303 LAKE BELLA VISTA DRIVE TAMPA, FL 33625 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: PHOEBE ELLSTON

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: () Change () Addition

Name: ELLSTON, PHOEBE Name: Address: 15303 LAKE BELLA VISTA DR Address:

Address: 15303 LARE BELLA VISTA DR Address:
City-St-Zip: TAMPA, FL 33625 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 CALUMBA, ARLENE
 Name:

 Address:
 15303 LAKE BELLA VISTA DR
 Address:

 City-St-Zip:
 TAMPA, FL 33625
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CALUMBA, SANCHO
 Name:

 Address:
 15303 LAKE BELLA VISTA DR
 Address:

 City-St-Zip:
 TAMPA, FL 33625
 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: ARLENE CALUMBA MGR 01/16/2008