

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000001869

Entity Name: EAST COAST SPLICING, L.L.C.

FILED  
Oct 24, 2007  
Secretary of State

**Current Principal Place of Business:**

5631 CR 352  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

5631 CR 352  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number: 59-3694840      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:**

WHEATON, CRAIG M  
5631 CR 352  
KEYSTONE HEIGHTS, FL 32656      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: CRAIG WHEATON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WHEATON, CRAIG  
Address: 5631 CR 352  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM      ( ) Change (X) Addition  
Name: WHEATON, JUDITH  
Address: 5631 COUNTY ROAD 352  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: CRAIG WHEATON

MGRM

10/24/2007

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