

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Jul 13, 2007
Secretary of State**

DOCUMENT# L02000002077

Entity Name: CYRAG, LLC

Current Principal Place of Business:

6600 COPORATE CENTER PKWY
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6600 COPORATE CENTER PKWY
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 65-1185623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: BY: CHARLES V. HEDRICK, AUTHORIZED SIGNATO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAFLEUR, JAMES
Address: 6600 CORPORATE CENTER PKWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: MCCLUNG, ROGER
Address: 6600 CORPORATE CENTER PKWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: PRUSIECKI, DREW
Address: 6600 CORPORATE CENTER PKWY
City-St-Zip: JACKSONVILLE, FL 32216

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: DREW PRUSIECKI

MGRM

07/13/2007

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