

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000014225

Entity Name: RED NUN SUPPLY, LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

651 E WOOLBRIGHT RD
E401
BOYNTON BEACH, FL 33435

Current Mailing Address:

651 E WOOLBRIGHT RD
E401
BOYNTON BEACH, FL 33435

New Principal Place of Business:

720 EAST OCEAN AVE
404W
BOYNTON BEACH, FL 33435

New Mailing Address:

720 EAST OCEAN AVE
404W
BOYNTON BEACH, FL 33435

FEI Number: 30-0081358 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:

KNOTT, EDWARD JEFFREY
651 E WOOLBRIGHT RD
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

KNOTT, EDWARD JEFFREY
720 EAST OCEAN AVE
404W
BOYNTON BEACH, FL 33435 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: EDWARD JEFFREY KNOTT

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNOTT, EDWARD J
Address: 651 E WOOLBRIGHT RD #401
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KNOTT, EDWARD J
Address: 720 EAST OCEAN AVE 404W
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD JEFFREY KNOTT

MGRM

04/05/2006

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