## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED **DOCUMENT # L02000024281** 1. Entity Name FLORIDA SAFES, LLC 2009 JAN -6 PM 3: 43 TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 4301 N. WICKHAM ROAD 4301 N. WICKHAM ROAD SUITE 11 SUITE 11 MELBOURNE, FL 32935-2400 MELBOURNE, FL 32935-2400 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 12122008 **REIN-LLC** CR2E101 (1/07) Applied For City & State City & State 4 FELNumber 59-3677892 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOLOGNA, PAUL Street Address (P.O. Box Number is Not Acceptable) 4301 N. WICKHAM ROAD SUITE 11 MELBOURNE, FL 32935-2400 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to In accordance with s. 607,191 . ካ), F.S., the limited FICE NOW!!! FEE IS \$138,75 liability company did not rece rior notice. Florida Department of State After January 1, 2009, Fee will be \$277.50 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Delete Addition 1:10 TITLE Change BOLOGNA, PAUL NAME 500139532 HEET ADDRESS 4301 N WICKHAM RD STE 11 STREET ADDRESS 01/06/09--01013--006 CITY-ST-ZIP MELBOURNE, FL 329352400 CITY-ST-ZIP Delete TETLE Addition TITLE ☐ Change NAME NAME STHEFT ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Mili Delete TITLE Change ■ Addition NAMI NAME STHELL ADDRESS STREET ADDRESS 1017-51-7P CITY-ST-ZIP FILE ☐ Delete TITLE ☐ Change ☐ Add:lion STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 11111 ☐ Change □ Addition NAM CIRCLE ADDRESS STREET ADDRESS 14 - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE Channe ■ Addition MAI NAME STREE ADDRESS STREET ADDRESS Cily-S CITY-ST-ZIP eby, certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information aged on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the administration to the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ND TYPED OF SIGNATURE INTED NAME OF SIGNING NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE