

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000029719

Entity Name: UNITED, LLC

FILED
Dec 11, 2008
Secretary of State

Current Principal Place of Business:

1118 EAST ATLANTIC AVENUE
A
DELRAY BEACH, FL 33483 US

Current Mailing Address:

1118 EAST ATLANTIC AVENUE
A
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

1435 BOGGS RD APT 2104
APT 2104
DULUTH, GA 30096 US

New Mailing Address:

1435 BOGGS RD APT 2104
APT 2104
DULUTH, GA 30096 US

FEI Number: 47-0895765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MARTIN, ALINE
1118 EAST ATLANTIC AVENUE
A
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

OROCOPEY, MAYERLIN
1435 BOGGS RD
APT 2104
DULUTH GA, FL 30096 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: MAYERLIN OROCOPEY

12/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARTIN, ALINE
Address: 1118 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: OROCOPEY, MAYERLIN
Address: 1435 BOGGS RD APT 2104
City-St-Zip: DULUTH, GA 30096 US

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: MAYERLIN OROCOPEY

PD

12/11/2008

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