

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000030453

**FILED**  
**Oct 10, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA PARTY PLAN IT, LLC

**Current Principal Place of Business:**

10653 WILES ROAD , BROOKSIDE SQUARE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

10653 WILES ROAD , BROOKSIDE SQUARE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 01-0658546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BEE, NANCY  
17162 AVE LE RIVAGE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

BEE, NANCY L PRES  
17162 AVE LE RIVAGE  
BOCA RATON, FL 33496 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: NANCY BEE

10/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ERICA, FOREST MANAGER  
Address: 10653 WILES ROAD  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES:**

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

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: ERICA FOREST

MGR

10/10/2006

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