

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000031917

Entity Name: NATIVE SON MARKETING LLC

FILED
Oct 03, 2009
Secretary of State

Current Principal Place of Business:

17654 SW 12TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

PO BOX 297345
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 02-0656858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, TERRY MGRM
17654 SW 12TH ST
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

CARTER, JOHN J MGRM
17654 SW 12TH ST
PEMBROKE PINES, FL 33029 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: JOHN CARTER

10/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARTER, JOHN
Address: 17654 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM (X) Delete
Name: CARTER, TERRY
Address: 17654 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete
Name: CARTER, BRIAN E MEMBER
Address: 17654 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete
Name: CARTER, BRIDGET E MEMBER
Address: 17654 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete
Name: CARTER, BRENDAN E MEMBER
Address: 17654 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARTER, JOHN J JOHN CA
Address: 17654 SW 12TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

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

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: JOHN CARTER

MGR

10/03/2009

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