## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L02000032446

Entity Name: P3DIRECT, LLC

FILED Oct 21, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15950 BAY VISTA DRIVE STE. 140 4206 W. OSBORNE CLEARWATER, FL 33760 TAMPA, FL 33614

**Current Mailing Address: New Mailing Address:** 

15950 BAY VISTA DRIVE STE. 140 4206 W. OSBORNE CLEARWATER, FL 33760 TAMPA, FL 33614

FEI Number: 59-3750834 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: Name and Address of New Registered Agent:

MCFARLAND, SCOTT J PIZZIO, ROBERT 15950 BAY VISTA DRIVE STE. 140 4206 W. OSBORNE AVENUE TAMPA, FL 33614 CLEARWATER, FL 33760

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: ROBERT PIZZIO 10/21/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

**PCEO** Title: () Delete (X) Change ( ) Addition MCFARLAND, SCOTT Name: PIZZIO ROBERT Name:

15950 BAY VISTA DRIVE STE. 140 Address: 4206 W. OSBORNE AVENUE Address:

CLEARWATER, FL 33760 TAMPA, FL 33614

City-St-Zip: City-St-Zip:

Title: Title: MGR (X) Change ( ) Addition () Delete

MOSS, DEAN Name: MOSS, DEAN Name: Address: 15950 BAY VISTA DRIVE STE. 140 Address:

4206 W. OSBORNE AVENUE City-St-Zip: TAMPA, FL 33614

CLEARWATER, FL 33760 City-St-Zip:

Title: (X) Delete Title: () Change () Addition PIZZIO, ROBERT Name: Name:

15950 BAY VISTA DRIVE STE. 140 Address: Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip:

Title: **VPST** (X) Delete Title: () Change () Addition

Name: COBINE, CRAIG Name: 15950 BAY VISTA DRIVE STE. 140 Address: Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT PIZZIO **MGRM** 10/21/2004