

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000034468			
1. Entity Name IOLA, LLC			
Principal Place of Business 44 BUCKINGHAM DR MORAGA, CA 94556		Mailing Address 44 BUCKINGHAM DR MORAGA, CA 94556	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 68-0535420		Applied For ☐ Not Applicable	
5. Certificate of Status Posted ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARACORP INCORPORATED 238 EAST 8TH AVENUE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$400.00		In accordance with s. 807.183(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTIERI, MARY M MGR 44 BUCKINGHAM DRIVE MORAGA, CA 94556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTIERI, ANTHONY C MGR 44 BUCKINGHAM DRIVE MORAGA, CA 94556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Rev
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Rev
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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 limited liability company or the partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Mary M Carpenter</u> 20 Oct 07			

FILED
07 OCT - 4 PM 3:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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10022007 REIN-LLC CR2E101 (1/07)

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REINSTATEMENT 2007

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10/09/07--01015--004 **50.00

LO2600034468

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/4/2007

ENTITY NAME: 10LA, LLC

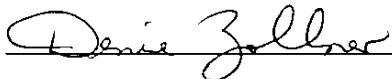
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REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

BK

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

_____

Denise Zollner, Assistant Secretary
Paracorp Incorporated