

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000012367

FILED
Sep 30, 2009
Secretary of State

Entity Name: THE DIAMOND DISTRICT, LLC

Current Principal Place of Business:

26251 S. TAMIAMI TRAIL, STE 15
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26251 S TAMIAMI TRL 15
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 51-0465138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: LPS CORPORATE SERVICES INC. JOHN PATTERSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHUSTERMAN, TODD E
Address: 26251 S. TAMIAMI TRAIL, STE 15
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: SHERMAN, JASON
Address: 26251 S. TAMIAMI TRAIL, STE 15
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: OMVK, INC.
Address: 631 S. OLIVE ST., #400
City-St-Zip: LOS ANGELES, CA 90014

ADDITIONS/CHANGES:

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: TODD E. SCHUSTERMAN

MGRM

09/30/2009

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