2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000014535

Entity Name: SPEECHVILLE LLC

FILED Sep 26, 2007 Secretary of State

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

PO BOX 8524 2318 NW BAY COLONY COURT

PORT ST. LUCIE, FL 349528524 STUART, FL 34994 US

Current Mailing Address: New Mailing Address:

PO BOX 8524

PORT ST. LUCIE, FL 349528524

FEI Number: 04-3747197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GENG, LISA F 2318 NW BAY COLONY COURT STUART, FL 34994 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

in the State of Florida.

SIGNATURE: LISA GENG

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MIKEL, GINA M
 Name:

 Address:
 50 ORCHARD LANE
 Address:

 City-St-Zip:
 KIRKWOOD, MO 63122
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MUSTAFA, CINDY
 Name:

 Address:
 8732 EAGLE SPRINGS DR.
 Address:

 City-St-Zip:
 ALBUQUERQUE, NM 87113
 City-St-Zip:

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

 Name:
 RHONDA, JACOBSON
 Name:
 RHONDA, JACOBSON

 Address:
 152 REGENT ST
 Address:
 33 ROSE GREEN DRIVE

 City-St-Zip:
 RICHMOND HILL, ON L4C 9N9 CA
 City-St-Zip:
 THORNHILL, ON L4J4R8 CA

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

 Name:
 TRICIA, MORIN
 Name:
 PATRICIA, MORIN

 Address:
 1 COMMANDO AVE.
 Address:
 1680 POCAHONTAS

 City-St-Zip:
 POPE AFB, NC 28307
 City-St-Zip:
 NORFOLK, VA 23511

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: PATRICIA MORIN MGRM 09/26/2007