

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000016723

FILED  
Sep 25, 2005  
Secretary of State

Entity Name: THE ZONE, LLC

## Current Principal Place of Business:

909 FIRST ST.  
NEPTUNE BEACH, FL 32266

## New Principal Place of Business:

118 1ST AVE S  
APT 9  
JACKSONVILLE BCH, FL 32250

## Current Mailing Address:

909 FIRST ST.  
NEPTUNE BEACH, FL 32266

## New Mailing Address:

118 1ST AVE S  
APT 9  
JACKSONVILLE BCH, FL 32250

FEI Number: 41-2147390      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:

MILLS, FOREST  
909 FIRST ST.  
NEPTUNE BEACH, FL 32266      US

## Name and Address of New Registered Agent:

MILLS, FOREST  
118 1ST AVE S  
JACKSONVILLE BCH, FL 32250      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: FOREST MILLS

09/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MILLS, FOREST P MGN  
Address: 930 1ST AVN NORTH  
City-St-Zip: JACKSONVILLE, FL 32250

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: MILLS, FOREST P MGR  
Address: 118 1ST AVE S  
City-St-Zip: JACKSONVILLE BCH, FL 32250

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: FOREST MILLS

MGR

09/25/2005

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