

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

DOCUMENT# L03000018620

Entity Name: XTATIC USA, L.L.C

**Current Principal Place of Business:**

4513 W. ATLANTIC BLVD  
1916  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

4430 ORCHID BLVD.  
201  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4513 W. ATLANTIC BLVD  
1916  
COCONUT CREEK, FL 33066

**New Mailing Address:**

4430 ORCHID BLVD.  
201  
CAPE CORAL, FL 33904

FEI Number: 02-0693347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILKINSON, JONATHAN S  
4513 W.ATLANTIC BLVD  
1916  
COCONUT CREEK, FL 33066 US

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

WILKINSON, JONATHAN S  
4430 ORCHID BLVD.  
201  
CAPE CORAL, FL 33904 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: JONATHAN WILKINSON

10/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILKINSON, JONATHAN  
Address: 4513 ATLANTIC BLVD. #1916  
City-St-Zip: COCONUT CREEK, FL 33066

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILKINSON, JONATHAN  
Address: 3112 S.E. 11TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

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: JONATHAN WILKINSON

CEO

10/05/2005

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