

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

DOCUMENT# L03000020451

**Entity Name:** PERFORAG LLC

**Current Principal Place of Business:**

UNIT 4 GREAVES WAY  
LEIGHTON BUZZARD, UK LU7 4UB,

**New Principal Place of Business:**

UNIT 4 GREAVES WAY  
LEIGHTON BUZZARD, UK LU7 4UB UK

**Current Mailing Address:**

UNIT 4 GREAVES WAY  
LEIGHTON BUZZARD, UK LU7 4UB,

**New Mailing Address:**

UNIT 4 GREAVES WAY  
LEIGHTON BUZZARD, UK LU7, UK LU7 4UB UK

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY, STE 300  
TAMPA, FL 33637 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: MARK HANKINS PRESIDENT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JAMES, MARK  
Address: UNIT 4 GREAVES WAY  
City-St-Zip: LEIGHTON BUZZARD, UK LU7 4UB,

Title: MGR ( ) Delete  
Name: JAMES, ELIZABETH  
Address: UNIT 4 GREAVES WAY  
City-St-Zip: LEIGHTON BUZZARD, UK LU7 4UB,

Title: MGR ( ) Delete  
Name: ENNIS, SARAH  
Address: UNIT 4 GREAVES WAY  
City-St-Zip: LEIGHTON BUZZARD, UK LU7 4UB,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: MGR ( ) Change (X) Addition  
Name: HEARN, LESLEY  
Address: 37 MARLEY FIELDS  
City-St-Zip: LEIGHTON BUZZARD, UK LU7 4WH UK

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: LESLEY HEARN

MGR

01/12/2005

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