

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000022266

Entity Name: ELLIANOS, LLC

FILED
Nov 30, 2009
Secretary of State

Current Principal Place of Business:

426 SW COMMERCE BLVD
SUITE # 130
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

PO BOX 1208
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 36-4533885 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:

Name and Address of New Registered Agent:

STEWART, SCOTT
426 SW COMMERCE DRIVE
130
LAKE CITY, FL 32025 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: SCOTT STEWART

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEWART, SCOTT D
Address: PO BOX 1208
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM () Delete
Name: CADY, JARED M
Address: PO BOX 2218
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM () Delete
Name: STEWART, ROBERT S
Address: PO BOX 1208
City-St-Zip: LAKE CITY, FL 32056

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: SCOTT STEWART

MGRM

11/30/2009

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