PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIAB OMPAN ISTATEN	Υ		Secretary	MENT OF STATE of State preparations		13	D P 3: 17			
1. Limited	Liability Comp	#L0300002 pany's Name .dings, LLC						OT STATE , FLORIDA			
2. Principa	al Office Addre	988	3. Mailing C	Office Address	5	_					
5810 Papaya Dr. Suite, Apt. #, etc.				5810 Papaya Dr. Suite, Apt. #, etc.			4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 07/24/2004				
City & State	9		City & State	City & State			 ег	077247		lied For	
Fort Pierce, FL Zip Country				Fort Pierce, FL Zip Country					x Not	Applicable	
34982)	US	34982		US	7. CERTIFICATE	E OF STATE		Additional F a Certificate		
04702		0.5		lame and Ad	dress of Current Regis	tered Agent			1		
9. I, being Signature c Registered	Street Add 321 Suite, Apt. City Fort	Pierce,	is Not Acceptable) eet		npany, am familiar with a SIGN	nd accept the obliga	State FL tions of Ch	4-4-0	; 5		
10. Names and Street Addresses of Managing Members/Managers Name of Street Address of Each City Street Address of											
Titles	Managing Members/Managers			Managing Member/Manager			City / State / Zip				
MGMR	Gordon Lundeen			5810 ^{Papaya} Dr. ED 05/12			Fort Pierce, FL 34982 10054306516 1501006022 **205.00				
									500		
filing t all fee as if n Signature of Managing I	his reinstatem is owed by the made under oa of Member/Mana	ent application the reaso limited liability company ath.	n for dissolution has have been paid. The	been elimina e information	owered to execute this a sted, the limited liability coindicated on this applicated Date 4	mpany name satisfie on is true and accur	es the requate, and m	uirements of section 60 hy signature shall have whome # 772-59	98.406, F.S., the same leg	and that gal effect	