

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000027568

FILED
Oct 29, 2004
Secretary of State

Entity Name: SHADOWHAWK SYSTEMS LLC

Current Principal Place of Business:

501 N. ORLANDO AVE
SUITE 313-309
ORLANDO, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

501 N. ORLANDO AVE
SUITE 313-309
ORLANDO, FL 32789 US

New Mailing Address:

1042 N. MOUNTAIN AVE
SUITE B384
UPLAND, CA 91786 US

FEI Number: 05-0580473 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:

HANSEN, SCOTT B
501 N. ORLANDO AVE
SUITE 313-309
ORLANDO, FL 32789 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PATTERSON, LAFAYETTE JR.
Address: 501 N. ORLANDO AVE, SUITE 313-309
City-St-Zip: ORLANDO, FL 32789 US

Title: MGR () Delete
Name: HANSEN, SCOTT B
Address: 501 N. ORLANDO AVE, SUITE 313-309
City-St-Zip: ORLANDO, FL 32789 US

ADDITIONS/CHANGES:

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 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: SCOTT B. HANSEN

MGR

10/29/2004

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