

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:

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

Current Mailing Address:

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

New Mailing Address:

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