

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000030198

Entity Name: NEW ENTERPRISES, LLC

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

909 LAKE SHORE DRIVE APT 312
LAKE PARK, FL 33403

New Principal Place of Business:

819 SANCTUARY COVE DR
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

909 LAKE SHORE DRIVE APT 312
LAKE PARK, FL 33403

New Mailing Address:

819 SANCTUARY COVE DR
PALM BEACH GARDENS, FL 33410

FEI Number: 27-0065927 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:

NEWELL, SEAN
909 LAKE SHORE DRIVE APT 312
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

NEWELL, SEAN E
819 SANCTUARY COVE DR
PALM BEACH GARDENS, FL 33410 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: SEAN E NEWELL

02/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWELL, SEAN E MGR
Address: 909 LAKE SHORE DRIVE APT 312
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEWELL, SEAN E MGR
Address: 819 SANCTUARY COVE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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: SEAN E NEWELL

MGR

02/14/2007

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