

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000035592

FILED
Nov 04, 2007
Secretary of State

Entity Name: MERIDIAN ENTERPRISES, LLC

Current Principal Place of Business:

7154 NORTH UNIVERSITY DRIVE
118
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7154 NORTH UNIVERSITY DRIVE
118
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 41-2109363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FEDER, GARY A
2125 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

HEWITT, SHELDON A
7154 N. UNIVERSITY DRIVE
#118
TAMARAC, FL 33321 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: SHELDON HEWITT

11/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE MANSWELL TRUST,
Address: 9550 BRADSHAW LANE
City-St-Zip: TAMARAC, FL 33321 US

Title: MGRM () Delete
Name: ANSELL LIFE SYSTEMS,, INC.
Address: 7154 NORTH UNIVERSITY DRIVE, 118
City-St-Zip: TAMARAC, FL 33321 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 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: THE MANSWELL TRUST

MGRM

11/04/2007

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