2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# L03000037217

Entity Name: INDEPENDENT EXECUTIVE MANAGEMENT LLC

Current Principal Place of Business:

16111 BRIDGEWALK DRIVE
SUITE A
LITHIA, FL 33547

New Principal Place of Business:

619 VALLEY HILL DRIVE
BRANDON, FL 33510

Current Mailing Address:

16111 BRIDGEWALK DRIVE
SUITE A
LITHIA, FL 33547

New Mailing Address:

619 VALLEY HILL DRIVE
BRANDON, FL 33510

FEI Number: 87-0710176 **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:

CAP ASSET MANAGEMENT, LLC
16111 BRIDGEWALK DRIVE
SUITE A
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

CAP ASSET MANAGEMENT, LLC
619 VALLEY HILL DRIVE
BRANDON, FL 33510 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: MARCO CAPORALE 02/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAP ASSET MANAGEMENT, , LLC
Address: 16111 BRIDGEWALK DRIVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAP ASSET MANAGEMENT, , LLC
Address: 619 VALLEY HILL DRIVE
City-St-Zip: BRANDON, FL 33510

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: MARCO CAPORALE MGR 02/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date