

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000039967

Entity Name: CCG SHORT PUMP, LLC

**FILED**  
**Oct 13, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

3421 NORTH LAKEVIEW DR.  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3421 NORTH LAKEVIEW DR.  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 04-3736016      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:**

SARSEN, CYNTHIA R  
3421 NORTH LAKEVIEW DR.  
TAMPA, FL 33618      US

**Name and Address of New Registered Agent:**

CHEN, JOE  
3421 NORTH LAKEVIEW DR.  
TAMPA, FL 33618      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: CHEN JOE

10/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MAGIC WOK MANAGEMENT, , LLC  
Address: 3421 N LAKEVIEW DR, STE 168  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MAGIC WOK MANAGEMENT, , LLC  
Address: 3421 NORTH LAKEVIEW DRIVE  
City-St-Zip: TAMPA, FL 33618

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: MAGIC WOK MANAGEMENT

MGRM

10/13/2006

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