2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000045303

Entity Name: ANTHONY CALCAGNO, L.L.C.

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

139 WOODLAND HERITAGE BLVD 3909 RESERVE DR CRAWFORDVILLE, FL 32327

APT. 2116

TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

139 WOODLAND HERITAGE BLVD 3909 RESERVE DR

APT. 2116 CRAWFORDVILLE, FL 32327

TALLAHASSEE, FL 32311

FEI Number: 20-0404822 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: Name and Address of New Registered Agent:

RICHARD A GLOVER CPA. P.A 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL FL32308 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: RICHARD A GLOVER

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

CALCAGNO, ANTHONY CALCAGNO, ANTHONY Name: Name: Address: 139 WOODLAND HERITAGE BLVD Address: 3909 RESERVE DR APT. 2116 City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: ANTHONY CALCAGNO **MGRM** 02/09/2007