

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000000520

FILED
May 16, 2007
Secretary of State

Entity Name: PENA SYSTEM LLC

Current Principal Place of Business:

15215 ABERLY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

15215 AMBERLY DRIVE
TAMPA, FL 33647

Current Mailing Address:

15215 ABERLY DRIVE
TAMPA, FL 33647

New Mailing Address:

15215 AMBERLY DRIVE
TAMPA, FL 33647

FEI Number: 80-0089289 **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:

PENA, TYROME
15215 ABERLY DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

THE HOUSE OF TAXES, LLC
15108 HEATHRIDGE DRIVE
TAMPA, FL 33625 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: CHARLES HENDERSON

05/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PENA, TYROME
Address: 15215 ABERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: CHERRY, DELIA E
Address: 6210 FORRESTAL DRIVE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PENA, TYROME
Address: 15215 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

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: CHARLES HENDERSON

RA

05/16/2007

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