

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000011643

Entity Name: MOBE'S, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

313 SOUTH GARDEN CENTER WAY
ST. AUGUSTINE, FL 32095 US

New Principal Place of Business:

417 EMMETT ST
PALATKA, FL 32177 US

Current Mailing Address:

313 SOUTH GARDEN CENTER WAY
ST. AUGUSTINE, FL 32095 US

New Mailing Address:

417 EMMETT ST
PALATKA, FL 32177 US

FEI Number: 84-1672983 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:

MCLEOD, ROBERT L ESQ.
1200 PLANTATION ISLAND DRIVE SOUTH
SUITE 140
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

WAYNE, BARBARA H
417 EMMETT ST
PALATKA, FL 32177 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: BARBARA H WAYNE

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAYNE, BARBARA
Address: 313 SOUTH GARDEN CENTER WAY
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: MGR () Delete
Name: PATEL, JYOTI DR.
Address: 313 SOUTH GARDEN CENTER WAY
City-St-Zip: ST. AUGUSTINE,, FL 32095 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PT (X) Change () Addition
Name: WAYNE, BARBARA
Address: 417 EMMETT ST
City-St-Zip: PALATKA, FL 32177 US

Title: VP (X) Change () Addition
Name: PATEL, JYOTI DR.
Address: 20 SEASCAPE CIRCLE
City-St-Zip: ST. AUGUSTINE,, FL 32080 US

Title: S () Change (X) Addition
Name: HEISHMAN, BRUCE A
Address: 417 EMMETT ST
City-St-Zip: PALATKA, FL 32177

Title: VVP () Change (X) Addition
Name: WAYNE, AMBRA M
Address: 417 EMMETT ST
City-St-Zip: PALATKA, FL 32177

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: BARBARA H WAYNE

PT

05/01/2006

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