

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000011794

Entity Name: CIRILLO GIRLS, LLC

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

233 SR 16
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

233 SR 16
SUITE D
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

233 SR 16, STE B
ST AUGUSTINE, FL 32084

New Mailing Address:

233 SR 16
SUITE D
ST AUGUSTINE, FL 32084 US

FEI Number: 20-0723116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEHGAN, KAREN
233 SR 16
SUITE B
ST. AUGUSTINE, FL 32082 US

Name and Address of New Registered Agent:

DEHGAN, KAREN
233 SR 16
SUITE D
ST. AUGUSTINE, FL 32084 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: KAREN DEHGAN

03/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEHGAN, KAREN L
Address: 233 SR 16, STE B
City-St-Zip: ST. AUGUSTINE, FL 32082

Title: MGR () Delete
Name: DEHGAN, ROBERT
Address: 201 OAK POINT LANE
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEHGAN, KAREN L
Address: 233 SR 16, STE D
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR (X) Change () Addition
Name: DEHGAN, ROBERT
Address: 282 OAK COMMON AVE
City-St-Zip: SAINT AUGUSTINE, FL 32095

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: KAREN DEHGAN

MGR

03/25/2008

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