

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000013080

Entity Name: M & A ENTERPRISES, L.L.C.

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1155 CENTER PLACE  
SARASOTA, FL 34236

**New Principal Place of Business:**

4376 INDEPENDENCE COURT  
SARASOTA, FL 34234

**Current Mailing Address:**

1155 CENTER PLACE  
SARASOTA, FL 34236

**New Mailing Address:**

4376 INDEPENDENCE COURT  
SARASOTA, FL 34234

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

CHAPNICK, BRUCE P ESQ.  
C/O ICARD, MERRILL, ET AL  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

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

BROWN, ANDRIKA S  
4376 INDEPENDENCE COURT  
SARASOTA, FL 34234 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: ANDRIKA S. BROWN

04/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BROWN, ANDRIKA  
Address: 4376 INDEPENDENCE COURT  
City-St-Zip: SARASOTA, FL 34234

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: ANDRIKA S. BROWN

MGR

04/20/2006

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