

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 31 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12172008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000022943			
1. Entity Name DUDLEY MOZART, LLC			
Principal Place of Business 4161 S.U.S. HIGHWAY 1, UNIT J2 JUPITER, FL 33477-1117		Mailing Address 4161 S.U.S. HIGHWAY 1, UNIT J2 JUPITER, FL 33477-1117	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 39 ORCHARD ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MARLBOROUGH MA	
Zip	Country	Zip	Country
		01945	USA

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FEINGOLD, LORINDA 4161 S.U.S. HIGHWAY 1, UNIT J2 JUPITER, FL 33477-1117		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lorinda Feingold DATE 12-25-2008

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2009, Fee will be \$377.50**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINGOLD, LORINDA 4161 S.U.S. HIGHWAY 1, UNIT J2 JUPITER, FL 334771117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300139401653 12/31/08--01058--005 **243.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, NANCY 4161 S.U.S. HIGHWAY 1, UNIT J2 JUPITER, FL 334771117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Lorinda Feingold DATE 12/25/08 508-743-9726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE