2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000026183

1. Entity Name
BITS OF BLISS, LLC

FILED
07 FEB 21 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02122007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
7627 WEEPING WILLOW CICLE SARASOTA, FL 34241	7627 WEEPING WILLOW CICLE SARASOTA, FL 34241

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7349 Stanhope Circle	7349 Stanhope Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34238 Country:	Zip: 34238 Country:

4. FEI Number: 20-1014256 ☐ 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
WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARSOTA, FL 34236	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 _____ 2/16/07
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WARD, LINDA 7627 WEEPING WILLOW CIRCLE SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WARD, LINDA 7349 STANHOPE CIRCLE SARASOTA, FL 34238	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500089030275 02/23/07--01007--022 **100.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 06-07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Linda Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #