

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000026183		
1. Entity Name BITS OF BLISS, LLC		

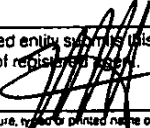
Principal Place of Business 7627 WEEPING WILLOW CIRCLE SARASOTA, FL 34241	Mailing Address 7627 WEEPING WILLOW CIRCLE SARASOTA, FL 34241
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2. Principal Place of Business - No P.O. Box # 7349 Stanhope Circle Suite, Apt. #, etc.	3. Mailing Address 7349 Stanhope Circle Suite, Apt. #, etc.
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City & State Sarasota, Florida	City & State Sarasota, Florida	4. FEI Number 20-1014256	Applied For ☐ Not Applicable
Zip 34238	Country	Zip 34238	Country

02122007 REIN-LLC CR2E101 (1/07)

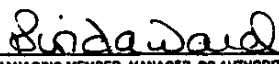
5. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity 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 	DATE 2/14/07

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
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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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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

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: 	DATE 02/23/07	DAYTIME PHONE #
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FILED
07 FEB 21 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07