2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -2 AM 10:40

DOCUMENT # L04000026452

1. Entity Name
ONE-ELEVEN, LLC

Principal Place of Business	Mailing Address
33167 PUCKETT STREET DADE CITY, FL 33525	33167 PUCKETT STREET DADE CITY, FL 33525

01102006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
1621 Olmsted Drive	1621 Olmsted Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Asheville NC	City & State: Asheville, NC
Zip: 28803 Country: USA	Zip: 28803 Country: USA

4. FEI Number: 20-1160191 ☐ 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
LEVINE, ROBERT J ESQ. % GRANDER ROOT & MEIMOVIGS 2000 GLADES ROAD, SUITE 412 BOCA RATON, FL 33431	Name: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive Suite 4 City: Weston FL Zip Code: 33331

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: Kathleen Sheppeck KATHLEEN SHEPPECK, SECRETARY 01/11/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PITNER, TODD 5703 EAGLEMOUNT CIRCLE LITHIA, FL 33547 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Pitner, Todd 1621 Olmsted Drive Asheville, NC 28803 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200065831 02/14/06--01034--010 **200.00 ☐ 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	REINSTATEMENT 05-06 ☐ 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

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: 1.17.06 828.329.6487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #