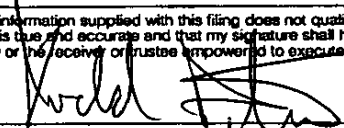


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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 33167 PUCKETT STREET DADE CITY, FL 33525		Mailing Address 33167 PUCKETT STREET DADE CITY, FL 33525	
2. Principal Place of Business 1621 Olmsted Drive		3. Mailing Address 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 LEVINE, ROBERT J ESQ. % GRANDER ROOT & MEIMOVIGS 2000 GLADES ROAD, SUITE 412 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent 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, SECRETARY		DATE 01/11/2006	
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	200065831052 ☐ Change ☐ Addition 02/14/06--01034--010 **200.00
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: 		Date 1.17.06 828.329-6487	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	