

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Feb 01, 2008  
Secretary of State**

DOCUMENT# L04000037616

Entity Name: THE MIM MANAGEMENT, LLC

**Current Principal Place of Business:**

1497 MAIN STREET  
333  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

1497 MAIN STREET  
333  
DUNEDIN, FL 34698 US

**New Mailing Address:**

FEI Number: 76-0335553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THE NUMBERS COMPANY LLC  
1497 MAIN STREET  
333  
DUNEDIN, FL 34698 US

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.

SIGNATURE: SANDI SHEAR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SHEAR, SANDI  
Address: 1497 MAIN STREET  
City-St-Zip: DUNEDIN, FL 34698 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: LANDERS, VICKI  
Address: 1838 HEWITT  
City-St-Zip: HOUSTON, TX 77018 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDI SHEAR

MGRM

02/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date