

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037708

Entity Name: LGM, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

7628 REFUGE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

2910 KERRY FOREST PARKWAY
SUITE D4-396
TALLAHASSEE, FL 323095892 US

Current Mailing Address:

7628 REFUGE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

2910 KERRY FOREST PARKWAY
SUITE D4-396
TALLAHASSEE, FL 323095892 US

FEI Number: 20-1140121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MESSER, ROY E
7628 REFUGE ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

MESSER, ROY E
2910 KERRY FOREST PARKWAY
SUITE D4-396
TALLAHASSEE, FL 323095892 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: ROY E MESSER

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MESSER, ROY E MGRM
Address: 7628 REFUGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MESSER, ROY E MGRM
Address: 2910 KERRY FOREST PARKWAY, SUITE D4-396
City-St-Zip: TALLAHASSEE, FL 323095892 US

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: ROY E MESSER

MGRM

04/27/2007

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