2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED **DOCUMENT # L04000041059** PASTRY STUDIO, LLC 08 HAY 15 PM 1: 40 Principal Place of Business SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address 311 SEABREEZE BLVD. 311 SEABREEZE BLVD. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 CR2E101 (1/07) **REIN-LLC** City & State Applied For 4. FEI Number City & State 20-1242860 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYERS, SHERRI P Street Address (P.O. Box Number is Not Acceptable) 719 N HAIFAX AVE DAYTONA BEACH, FL 32118 City Zip Code 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. (NOTE: Registered Agent algorithms required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$277.50 Florida Department of State liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ММ ☐ Change TITLE Delete TITLE ■ Addition 900128113389 05/01/08--01052--019 **27 NAME MEYERS, SHERRI NAME 719 N HALIFAX AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET AND MESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: CED RAME OF SIGNING MORAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PE