

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000045144

FILED
Nov 15, 2006
Secretary of State

Entity Name: TRUEFLIES LLC

Current Principal Place of Business:

2123 PENNSYLVANIA AVENUE
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

2123 PENNSYLVANIA AVENUE
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 20-1261970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRBANKS, CHRISTOPHER C
2123 PENNSYLVANIA AVENUE
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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: CHRISTOPHER C. FAIRBANKS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAIRBANKS, CHRISTOPHER C
Address: 2123 PENNSYLVANIA AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: MGRM () Delete
Name: LINTZ, MICHEL CARROLL
Address: 821 CEDERPARK DRIVE
City-St-Zip: CINCINNATI, OH 45233

Title: MGRM () Delete
Name: DAVIS, JAMES TODD
Address: 118 HARVARD PLACE
City-St-Zip: SOUTHGATE, KY 41071

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER C. FAIRBANKS

RA

11/15/2006

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