

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000048392

Entity Name: ALLSCAPE LLC

FILED  
Jan 03, 2006  
Secretary of State

## Current Principal Place of Business:

1982 SR 44  
PMB 151  
NEW SMYRNA BEACH, FL 32168 US

## New Principal Place of Business:

1232 WAYNE AVE.  
NEW SMYRNA BEACH, FL 32168 US

## Current Mailing Address:

1982 SR 44  
PMB 151  
NEW SMYRNA BEACH, FL 32168 US

## New Mailing Address:

1232 WAYNE AVE.  
NEW SMYRNA BEACH, FL 32168 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

ANDERSON, JUSTIN M  
1982 SR 44  
PMB 151  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

ANDERSON, JUSTIN M  
1232 WAYNE AVE.  
NEW SMYRNA BEACH, FL 32168 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: JUSTIN M. ANDERSON

01/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ANDERSON, JUSTIN M  
Address: 1982 SR 44 PMB151  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ANDERSON, JUSTIN M  
Address: 1232 WAYNE AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: PRES ( ) Change (X) Addition  
Name: BAKER, BLAKE H  
Address: 1232 WAYNE AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: BLAKE H BAKER

PRES

01/03/2006

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