2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# L04000050460

Entity Name: ALCHRIS LLC

Current Principal Place of Business:

309 SABAL PARK PLACE
#107
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

309 SABAL PARK PLACE
#107
LONGWOOD, FL 32779 US

New Mailing Address:

PO BOX 915273
LONGWOOD, FL 327791 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:

LOSONSZKY, PETER J
309 SABAL PARK PLACE
#107
LONGWOOD, FL 32779 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: PETER LOSONSZKY

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: LOSONSZKY, PETER J
Address: 309 SABAL PARK PL #107
City-St-Zip: LONGWOOD, FL 32779

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: PETER LOSONSZKY MR 02/07/2006

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