

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000055020

Entity Name: MAHAKA, LLC

FILED  
Oct 15, 2009  
Secretary of State

## Current Principal Place of Business:

714 MARBLE WAY  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

541 KAY TERRACE  
BOCA RATON, FL 33432 US

## Current Mailing Address:

714 MARBLE WAY  
BOCA RATON, FL 33432 US

## New Mailing Address:

541 KAY TERRACE  
BOCA RATON, FL 33432 US

FEI Number: 55-0877158      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:

CHALSTROM, GIL  
714 MARBLE WAY  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

CHALSTROM, GIL  
541 KAY TERRACE  
BOCA RATON, FL 33432 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: GILBERT E. CHALSTROM

10/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CHALSTROM, GILBERT  
Address: 714 MARBLE WAY  
City-St-Zip: BOCA RATON, FL 33432 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CHALSTROM, GILBERT  
Address: 541 KAY TERRACE  
City-St-Zip: BOCA RATON, FL 33432 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: GILBERT E. CHALSTROM

MR.

10/15/2009

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