

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 13, 2005  
Secretary of State**

DOCUMENT# L04000061727

Entity Name: BUTTERFLY SISTA LLC

**Current Principal Place of Business:**

11603 CORAL RIDGE AVENUE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

11603 CORAL RIDGE AVENUE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

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:**

**Name and Address of New Registered Agent:**

CAMPBELL, LINDA T  
11603 CORAL RIDGE AVENUE  
JACKSONVILLE, FL 32218 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: LINDA T. CAMPBELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: CAMPBELL, LINDA T  
Address: 11603 CORAL RIDGE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

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 Section 119.07(3)(i), 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: LINDA T. CAMPBELL

MGR

10/13/2005

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