

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000062850

Entity Name: MELORE, LLC

FILED
Dec 14, 2005
Secretary of State

Current Principal Place of Business:

1714 MILL RUN CIRCLE
TAMPA, FL 33613

New Principal Place of Business:

4538 W VILLAGE DR
B
TAMPA, FL 33624 US

Current Mailing Address:

1714 MILL RUN CIRCLE
TAMPA, FL 33613

New Mailing Address:

4538 W VILLAGE DR
B
TAMPA, FL 33624 US

FEI Number: 20-1540382 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:

MUSCA, DANIEL G
PHELPS DUNBAR LLP
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602 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: DANIEL MUSCA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MEM () Change (X) Addition
Name: INFANTE, ORESTE MR.
Address: 4538 W VILLAGE DR, SUITE B
City-St-Zip: TAMPA, FL 33624 US

Title: MEM () Change (X) Addition
Name: INFANTE, MELISSA MS.
Address: 4538 W VILLAGE DR, SUITE B
City-St-Zip: TAMPA, FL 33624 US

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: ORESTE INFANTE

MEM

12/14/2005

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