

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000066843

Entity Name: MVG, LLC

FILED
Sep 30, 2008
Secretary of State

Current Principal Place of Business:

3324 WEST UNIVERSITY AVENUE
217
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

3324 WEST UNIVERSITY AVENUE
217
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 43-2037375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GARY MINER
3324 WEST UNIVERSITY AVENUE
217
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

JEFFREY MINER
3324 WEST UNIVERSITY AVENUE
217
GAINESVILLE, FL 32607 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: JEFFREY MINER

09/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MINER, JEFFREY T MR
Address: 3324 WEST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: MINER, GARY V MR
Address: 3324 WEST UNIVERSITY AVENUE, SUITE 217
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY MINER

MGR

09/30/2008

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