## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000080957

Entity Name: CHAMAELEON, LLC

FILED Sep 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

465 SW WHITMORE DRIVE 360 TAMIAMI TRAIL

PT. ST. LUCIE, FL 34984 PORT CHARLOTTE, FL 33953

Current Mailing Address: New Mailing Address:

465 SW WHITMORE DRIVE 360 TAMIAMI TRAIL

PT. ST. LUCIE, FL 34984 PORT CHARLOTTE, FL 33953

FEI Number: 51-0525862 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FURLONG, WAYNE FURLONG, WAYNE 465 SW WHITMORE DRIVE 360 TAMIAMI TRAIL

PT. ST. LUCIE, FL 34984 US PORT CHARLOTTE, FL 33953 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: WAYNE FURLONG 09/30/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 FURLONG, WAYNE
 Name:
 FURLONG, WAYNE

 Address:
 465 SW WHITMORE DRIVE
 Address:
 360 TAMIAMI TRAIL

City-St-Zip: PT. ST. LUCIE, FL 34984 City-St-Zip: PORT CHARLOTTE, FL 33953

Title: ( ) Delete Title: MGR ( ) Change (X) Addition Name: MILAN, ADELINE

Address: Address: 360 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

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: WAYNE FURLONG MGR 09/30/2005