

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000089251

FILED
Nov 21, 2007
Secretary of State

Entity Name: VIDEO GAME TRADER, LLC

Current Principal Place of Business:

4649 CLYDE MORRIS BLVD., UNIT 606
GULF STREAM VILLAGE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

2248 ROBIN HOOD TRAIL
SOUTH DAYTONA, FL 32119

New Mailing Address:

4649 CLYDE MORRIS BLVD
UNIT 606
PORT ORANGE, FL 32129

FEI Number: 20-1985252 **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:

Name and Address of New Registered Agent:

SHAFER, MYRON JR.
4649 CLYDE MORRIS BLVD., UNIT 606
GULF STREAM VILLAGE
PORT ORANGE, FL 32129 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: MYRON SHAFER JR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SHAFER, MYRON
Address: 4649 CLYDE MORRIS BLVD, UNIT 606
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM (X) Change () Addition
Name: SHAFER, MYRON
Address: 4649 CLYDE MORRIS BLVD, UNIT 606
City-St-Zip: PORT ORANGE, FL 32129

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: MYRON SHAFER JR.

MGR

11/21/2007

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