

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000090095

Entity Name: IT DOESN'T MATTER, LLC

FILED  
Oct 14, 2009  
Secretary of State

**Current Principal Place of Business:**

10501 CROMWELL GROVE TERRACE  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

10501 CROMWELL GROVE TERRACE  
ORLANDO, FL 32827

**New Mailing Address:**

FEI Number: 20-2001844      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:**

TREVETT, DAVID H  
10501 CROMWELL GROVE TERRACE  
ORLANDO, FL 32827      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: DAVID H TREVETT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES      ( ) Delete  
Name: TREVETT, DAVID H  
Address: 10501 CROMWELL GROVE TERRACE  
City-St-Zip: ORLANDO, FL 32827

Title: VP      ( ) Delete  
Name: HINDING, STEPHEN  
Address: 10501 CROMWELL GROVE TERRACE  
City-St-Zip: ORLANDO, FL 32827

Title: VP      ( ) Delete  
Name: KLASS, THOMAS  
Address: 10501 CROMWELL GROVE TERRACE  
City-St-Zip: ORLANDO, FL 32827

**ADDITIONS/CHANGES:**

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

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: DAVID H TREVETT

PRES

10/14/2009

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