

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000093405

Entity Name: DPEEPS LLC

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9165 PRISTINE CIRCLE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 680098  
ORLANDO, FL 32868

**New Mailing Address:**

PO BOX 680098  
OTLANDO, FL 32868

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KHAAZRA, MAARANU  
9165 PRISTINE CIRCLE  
ORLANDO, FL 32818 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: KHAAZRA MAARANU

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLISTIC PERSPECTIVE  
Address: P.O. BOX 680098  
City-St-Zip: ORLANDO, FL 32868

I hereby 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: KHAAZRA MAARANU

MGR

11/03/2010

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