2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L05000000036

Entity Name: BECCA, CASSSERLY & DARBY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

18233 N.W. 20TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18233 N.W. 20TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

2001 S. MOPAC EXPY
2223
AUSTIN, TX 78746

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECCA, SHARON
18233 N.W. 20TH STREET
PEMBROKE PINES, FL 33029 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: SHARON BECCA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BECCA, SHARON	
Address:	18233 N.W. 20TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGR	( ) Delete
Name:	CASSERLY, SIMON P.J.	
Address:	18233 N.W. 20TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	MGR	( ) Delete
Name:	DARBY, RENE	
Address:	18233 N.W. 20TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	

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: SHARON BECCA MGR 01/06/2009

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