

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000000367

FILED
Nov 19, 2008
Secretary of State

Entity Name: TWISTED PAIR TECHNOLOGY, LLC

Current Principal Place of Business:

5671 DAYFLOWER CIRCLE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

5671 DAYFLOWER CIRCLE
TALLAHASSEE, FL 32311

New Mailing Address:

PO BOX 10693
TALLAHASSEE, FL 32302

FEI Number: 04-3802539 **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:

SMITH, DENEKA L
5671 DAYFLOWER CIRCLE
TALLAHASSEE, FL 32311 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: DENEKA SMITH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, DENEKA
Address: 5671 DAYFLOWER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, DENEKA
Address: PO BOX 10693
City-St-Zip: TALLAHASSEE, FL 32302

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: DENEKA SMITH

MGRM

11/19/2008

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