

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000004623

Entity Name: TECHNON, LLC

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

P.O.BOX 630638
MIAMI, FL 33163

New Principal Place of Business:

20801 BISCAYNE BLVD.
SUITE 403
AVENTURA, FL 33180

Current Mailing Address:

P.O.BOX 630638
MIAMI, FL 33163

New Mailing Address:

20801 BISCAYNE BLVD.
SUITE 403
AVENTURA, FL 33180

FEI Number: 20-3661267 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:

MAYER, VIVIAN
6051 N.O. DRIVE
PH7
HOLLYWOOD, FL 33019 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: VIVIAN MAYER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEHR, JOE R MR.
Address: P.O.BOX 630638
City-St-Zip: MIAMI, FL 33163

Title: MGRM () Delete
Name: MAYER, VIVIAN
Address: P.O.BOX 630638
City-St-Zip: MIAMI, FL 33163

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEHR, JOE R MR.
Address: 20801 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: MAYER, VIVIAN
Address: 20801 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

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: JOE GEHR

MGRM

01/24/2008

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