

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000006978

Entity Name: SYMPHONIC ALPHA, LLC

**FILED**  
**Dec 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6000 POPLAR AVENUE  
SUITE 150  
MEMPHIS, TN 38119

**New Principal Place of Business:**

4080 PARADISE ROAD  
15-9901  
LAS VEGAS, NV 89169

**Current Mailing Address:**

6000 POPLAR AVENUE  
SUITE 150  
MEMPHIS, TN 38119

**New Mailing Address:**

4080 PARADISE ROAD  
15-9901  
LAS VEGAS, NV 89169

FEI Number: 20-2196680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 NORTH A1A, SUITE 104  
PONTE VEDRA BEACH, FL 32082 US

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

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 NORTH A1A  
STE. 104  
PONTE VEDRA BEACH, FL 32082 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: MICHAEL R. LEAS, VICE-PRESIDENT

12/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M ( ) Delete  
Name: CALUGAR, DANIEL G  
Address: 6000 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38119 US

**ADDITIONS/CHANGES:**

Title: M (X) Change ( ) Addition  
Name: CALUGAR, DANIEL G  
Address: 4080 PARADISE ROAD, #15-9901  
City-St-Zip: LAS VEGAS, NV 89169 US

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: DANIEL G. CALUGAR

M

12/13/2007

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