

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007203

Entity Name: M3 VENTURES, LLC

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 10891  
TALLAHASSEE, FL 32302

## New Principal Place of Business:

4223 CAPITAL CIRCLE, NW  
TALLAHASSEE, FL 32303

## Current Mailing Address:

P.O. BOX 10891  
TALLAHASSEE, FL 32302

## New Mailing Address:

4223 CAPITAL CIRCLE, NW  
TALLAHASSEE, FL 32303

FEI Number: 20-2221499      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:

RIVERS, E. DYLAN  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 US

## Name and Address of New Registered Agent:

MAYFIELD, CATHERINE  
4223 CAPITAL CIRCLE, NW  
TALLAHASSEE, FL 32303 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: CATHERINE MAYFIELD

04/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MAYFIELD, EMORY L SR.  
Address: P.O. BOX 10891  
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGRM ( ) Delete  
Name: MAYFIELD, EMORY L JR.  
Address: P.O. BOX 10891  
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGRM ( ) Delete  
Name: MAYFIELD, HENRY M JR.  
Address: P.O. BOX 10891  
City-St-Zip: TALLAHASSEE, FL 32302

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MAYFIELD, EMORY L SR.  
Address: 4223 CAPITAL CIRCLE, NW  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MAYFIELD, HENRY M JR.  
Address: 2688 BRETON RIDGE DR  
City-St-Zip: TALLAHASSEE, FL 32312

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: EMORY MAYFIELD SR

MM

04/24/2008

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