

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000009927

Entity Name: GENERAL DROIDS, LLC

FILED
Sep 15, 2009
Secretary of State

Current Principal Place of Business:

PANNONIA U 34
BUDAPEST, HU 2080 HU

New Principal Place of Business:

2015 S TUTTLE AVE
SARASOTA, FL 34239 US

Current Mailing Address:

PANNONIA U 34
BUDAPEST, HU 2080 HU

New Mailing Address:

2015 S TUTTLE AVE
SARASOTA, FL 34239 US

FEI Number: 20-2276176 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:

SZAFRICS, IMRE
424 E CENTRAL BLVD
#106
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

IMWORLD SERVICES, INC.
424 E CENTRAL BLVD
#106
ORLANDO, FL 32801 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: IMRE SZAFRICS, CEO

09/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOVOSZADI, RICHARD
Address: PANNONIA U 34
City-St-Zip: BUDAPEST, HU 2080 HU

Title: MGRM () Delete
Name: DEBRECZENI, BARNABAS
Address: KIS-SOMLYO U. 10
City-St-Zip: PILISJASZFALU, HU 2080 HU

ADDITIONS/CHANGES:

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: BARNABAS DEBRECZENI

MGRM

09/15/2009

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