2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# L05000017187

Entity Name: ARIMA LLC

Current Principal Place of Business:

8467 ARIMA LANE
WELLINGTON, FL 33414

New Principal Place of Business:

8151 OCHO RIOS LANE
WELLINGTON, FL 33414

Current Mailing Address:

8467 ARIMA LANE
WELLINGTON, FL 33414

New Mailing Address:

8151 OCHO RIOS LANE
WELLINGTON, FL 33414

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLETCHER, SCOTT G
8467 ARIMA LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

FLETCHER, SCOTT G
8151 OCHO RIOS LANE
WELLINGTON, FL 33414 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: SCOTT G. FLETCHER 10/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLETCHER, SCOTT G
Address: 8467 ARIMA LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete
Name: FLETCHER, JILL P
Address: 8467 ARIMA LANE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLETCHER, SCOTT G
Address: 8151 OCHO RIOS LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change ( ) Addition
Name: FLETCHER, JILL P
Address: 8151 OCHO RIOS LANE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT G. FLETCHER MGR 10/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date