

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000024576

FILED
Aug 11, 2007
Secretary of State

Entity Name: THE MASTERS HANDS LLC

Current Principal Place of Business:

1802 W. GADSDEN STREET
PENSACOLA,, FL 32501

New Principal Place of Business:

9608 WOODSTONE MILL DR.
JACKSONVILLE, FL 32244

Current Mailing Address:

1802 W. GADSDEN STREET
PENSACOLA,, FL 32501

New Mailing Address:

9608 WOODSTONE MILL DR.
JACKSONVILLE, FL 32244

FEI Number: 66-0603795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

NELSON, RUTH
1802 W. GADSDEN ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

MEEKS-MAJOR, CHERYL
9608 WOODSTONE MILL DR.
JACKSONVILLE,, FL 32244 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: CHERYL MEEKS-MAJOR

08/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NELSON, RUTH
Address: 1802 W. GADSDEN ST.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMSON, GREGORY
Address: BENGAL, DISCOVERY BAY
City-St-Zip: ST. ANN, JAMAICA, W.I., JA 00JAMAICA

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: GREG W. WILLIAMSON

MGR.

08/11/2007

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