

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000026090

Entity Name: THE PROSHOP LLC

FILED
Sep 25, 2006
Secretary of State

Current Principal Place of Business:

2221 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

8625 GREENBANK BLVD
WINDERMERE, FL 34786 US

New Mailing Address:

2064 BEARING LN
KISSIMMEE, FL 34744 US

FEI Number: 20-2518071 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:

MIGNAULT, DANIEL R
8625 GREENBANK BLVD
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

MIGNAULT, DANIEL R
2064 BEARING LN
KISSIMMEE, FL 34744 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: DANIEL MIGNAULT

09/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: MIGNAULT, DANIEL R
Address: 2064 BEARING LN
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MRS () Change (X) Addition
Name: MIGNAULT, AMAYA
Address: 2064 BEARING LN
City-St-Zip: KISSIMMEE, FL 34744 US

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: AMAYA MIGNAULT

MRS

09/25/2006

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