

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000028858

FILED
Sep 27, 2007
Secretary of State

Entity Name: MCBAR, L.L.C.

Current Principal Place of Business:

102 1ST STREET NORTH
BRADENTON BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

102 1ST STREET NORTH
BRADENTON BEACH, FL 34217

New Mailing Address:

8208 CORTEZ ROAD WEST
SUITE # 4
BRADENTON,, FL 34210

FEI Number: 81-0670955 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:

BARR, SCOTT
102 1ST STREET NORTH
BRADENTON BEACH, FL 34217 US

Name and Address of New Registered Agent:

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 BARR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARR, SCOTT
Address: 102 1ST STREET NORTH
City-St-Zip: BRADENTON BEACH, FL 34217

Title: MGRM () Delete
Name: MCDERMID, KELLEY
Address: 11118 4TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARR, SCOTT
Address: 8208 CORTEZ ROAD WEST
City-St-Zip: BRADENTON, FL 34210

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: KELLEY MCDERMID

MGRM

09/27/2007

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