

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000031130

Entity Name: ELLISON, WATTS, LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

5077 NW 7ST.
SUITE 1702
MIAMI, FL 33126

New Principal Place of Business:

2507 NW 16ST RD
SUITE 315
MIAMI, FL 33125

Current Mailing Address:

5077 NW 7ST.
SUITE 1702
MIAMI, FL 33126

New Mailing Address:

PO BOX 261651
MIAMI, FL 33126

FEI Number: 20-2584193 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DAMON A. POWELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWELL, DAMON A
Address: 5077 NW 7ST. SUITE 1702
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: LOVE, JAMES
Address: 5077 NW 7ST. SUITE 1702
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POWELL, DAMON A
Address: PO BOX 261651
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Change () Addition
Name: LOVE, JAMES
Address: PO BOX 261651
City-St-Zip: MIAMI, FL 33126

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: DAMON A. POWELL

MAGR

03/13/2009

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