

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033408

FILED
Sep 28, 2006
Secretary of State

Entity Name: WIGGINS LLC

Current Principal Place of Business:

30 HIGHFIELD ROAD
NUTHALL
NOTTINGHAMSHIRE NG16 1BS UK, OC

New Principal Place of Business:

1480 PALM BAY ROAD NE
PALM BAY, FL 32905 US

Current Mailing Address:

30 HIGHFIELD ROAD
NUTHALL
NOTTINGHAMSHIRE NG16 1BS UK, OC

New Mailing Address:

1480 PALM BAY ROAD NE
PALM BAY, FL 32905 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410 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: NORMAN PASQUIER, ASST. SECRETARY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SQUIRE-WIGGINS, BEVERLEY
Address: 30 HIGHFIELD ROAD, NUTHALL
City-St-Zip: NOTTINGHAMSHIRE NG16 1BS UK, OC

Title: MGRM (X) Change () Addition
Name: SQUIRE-WIGGINS, BEVERLEY
Address: 1480 PALM BAY ROAD NE
City-St-Zip: PALM BAY, FL 32905 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: BEVERLEY SQUIRE-WIGGINS

MGRM

09/28/2006

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