

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000043283

Entity Name: LS ONE, LLC

FILED
Oct 17, 2006
Secretary of State

Current Principal Place of Business:

854 HARBOR ISLAND
CLEARWATER, FL 33767

New Principal Place of Business:

PO BOX 18
LARGO, FL 33779

Current Mailing Address:

854 HARBOR ISLAND
CLEARWATER, FL 33767

New Mailing Address:

PO BOX 18
LARGO, FL 33779

FEI Number: 20-2788390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, PATRICK J
854 HARBOR ISLAND
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

ARSENAULT, KENNETH
10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771 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: KENNETH G. ARSENAULT, JR.

10/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHEPPARD, PATRICK
Address: 853 HARBOR ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: MGR () Delete
Name: LYONS, BOB
Address: 12891 74TH AVE NORTH
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAGOSTINO, FRANK
Address: 60 GULF BLVD
City-St-Zip: BELLEAIR SHORES, FL 33786

Title: MGR (X) Change () Addition
Name: LYONS, ROBERT E
Address: PO BOX 18
City-St-Zip: LARGO, FL 33779

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: ROBERT E LYONS

MGR

10/17/2006

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