

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000044413

FILED
Feb 27, 2007
Secretary of State

Entity Name: MYKALS ENTERPRISES, LLC

Current Principal Place of Business:

1216 THOMASINA DRIVE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

5969 PELHAM DRIVE
PORT ORANGE, FL 32127 US

Current Mailing Address:

1216 THOMASINA DRIVE
PORT ORANGE, FL 32129 US

New Mailing Address:

5969 PELHAM DRIVE
PORT ORANGE, FL 32127 US

FEI Number: 26-0115645 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GIANNONE, MICHAEL A MGRM
5969 PELHAM DR.
PORT ORANGE, FL 32127 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: MICHAEL GIANNONE

02/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIANNONE, MICHAEL
Address: 1216 THOMASINA DRIVE
City-St-Zip: PORT ORANGE, FL 32129 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIANNONE, MICHAEL A MGRM
Address: 5969 PELHAM DRIVE
City-St-Zip: PORT ORANGE, FL 32127 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: MICHAEL GIANNONE

MGRM

02/27/2007

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