

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000047170

Entity Name: ROBERT ANGELIERI LLC

FILED
Oct 12, 2006
Secretary of State

Current Principal Place of Business:

1649 KNOLLWOOD CIR
ORLANDO, FL 32804

New Principal Place of Business:

151 EAST WASHINGTON STREET
UNIT # 627
ORLANDO, FL 32801

Current Mailing Address:

1649 KNOLLWOOD CIR
ORLANDO, FL 32804

New Mailing Address:

151 EAST WASHINGTON STREET
UNIT # 627
ORLANDO, FL 32801

FEI Number: 71-0982791 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:

ANGELIERI, ROBERT
1649 KNOLLWOOD CIR
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ANGELIERI, ROBERT
151 EAST WASHINGTON STREET
UNIT # 627
ORLANDO, FL 32801 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: ROBERT ANGELIERI

10/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANGELIERI, ROBERT
Address: 1649 KNOLLWOOD CIR
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANGELIERI, ROBERT
Address: 151 EAST WASHINGTON STREET # 627
City-St-Zip: ORLANDO, FL 32801

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 ANGELIERI

MGRM

10/12/2006

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