

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000061077

Entity Name: KARNAN GROUP LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

7378 SUNRISE BOULEVARD  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 8455  
FLEMING ISLAND, FL 32006 US

**New Mailing Address:**

FEI Number: 20-3034987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMULLEN, KAREN G  
305 SCENIC POINT LANR  
ORANGE PARK, FL 32003 US

**Name and Address of New Registered Agent:**

MCMULLEN, KAREN G  
305 SCENIC POINT LANR  
FLEMING ISLAND, FL 32003 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: KAREN G. MCMULLEN

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCMULLEN, KAREN G  
Address: 305 SCENIC POINT LANE  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM ( ) Delete  
Name: BLOODGOOD, NANCY J  
Address: 6530 WOODLAND  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCMULLEN, KAREN G  
Address: 305 SCENIC POINT LANE  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN G. MCMULLEN

MEMB

04/27/2009

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