

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000068996

FILED
Nov 03, 2006
Secretary of State

Entity Name: BRAHMAN BODYWORKS, L.L.C.

Current Principal Place of Business:

14452 BRUCE B. DOWNS BLVD., SUITE 113
TAMPA, FL 33613

New Principal Place of Business:

18010 MALAKAI ISLE DRIVE
TAMPA, FL 33647

Current Mailing Address:

14452 BRUCE B. DOWNS BLVD., SUITE 113
TAMPA, FL 33613

New Mailing Address:

18010 MALAKAI ISLE DRIVE
TAMPA, FL 33647

FEI Number: 20-3254823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

BRAHMA, REBECCA J
14452 BRUCE B. DOWNS BLVD., SUITE 113
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

BRAHMA, REBECCA J
18010 MALAKAI ISLE DRIVE
TAMPA, FL 33647 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: REBECCA J BRAHMA

11/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRAHMA, REBECCA J
Address: 14452 BRUCE B. DOWNS BLVD., SUITE 113
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAHMA, REBECCA J
Address: 18010 MALAKAI ISLE DRIVE
City-St-Zip: TAMPA, FL 33647

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: REBECCA J BRAHMA

MGRM

11/03/2006

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