

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000081529

Entity Name: MS ENTERPRISES, LLC

FILED  
Oct 16, 2006  
Secretary of State

## Current Principal Place of Business:

13531 CRASHAW RD.  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

1124 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

## Current Mailing Address:

13531 CRASHAW RD.  
JACKSONVILLE, FL 32246

## New Mailing Address:

1124 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

FEI Number: FEI Number Applied For (X) 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:

SAKHNO, MIKHAIL N  
13531 CRASHAW RD  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

SAKHNO, MIKHAIL N  
1124 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225 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: SAKHNO, MIKHAIL

10/16/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SAKHNO, MIKHAIL N  
Address: 13531 CRASHAW RD  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SAKHNO, MIKHAIL N  
Address: 1124 CANDLEBARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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: SAKHNO, MIKHAIL

MGRM

10/16/2006

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