

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083943

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** 3100-402 DIAN ROAD TALLAHASSEE, LLC

**Current Principal Place of Business:**

EQUIVEST, INC.  
8925 SW 148 STREET, SUITE 200  
PALMETTO BAY, FL 33176

**New Principal Place of Business:**

EQUIVEST, INC.  
8930 W STATE ROAD 84 #170  
DAVIE, FL 33324

**Current Mailing Address:**

EQUIVEST, INC.  
8925 SW 148 STREET, SUITE 200  
PALMETTO BAY, FL 33176

**New Mailing Address:**

EQUIVEST, INC.  
8930 W STATE ROAD 84 #170  
DAVIE, FL 33324

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

JAMES, SEBRINA  
8925 SW 148 STREET, SUITE 200  
PALMETTO BAY, FL 33176    US

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

JONES, DARYL  
15820 SW 98 COURT  
MIAMI, FL 33157    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: DARYL L. JONES

10/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: EQUIVEST, INC.,  
Address: 8925 SW 148 STREET, SUITE 200  
City-St-Zip: PALMETTO BAY, FL 33176

Title: MGRM                      ( ) Delete  
Name: BOIK, ALEX  
Address: 10850 SW 69 DRIVE  
City-St-Zip: MIAMI, FL 33173

Title: MGRM                      ( ) Delete  
Name: JONES, DUREL  
Address: 3100-402 DIAN ROAD  
City-St-Zip: TALLAHASSEE, FL 323041111

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: EQUIVEST, INC.,  
Address: 8930 W STATE ROAD 84 #170  
City-St-Zip: DAVIE, FL 33324

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

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

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: SEBRINA JAMES

MGR

10/18/2006

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