

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000090205

Entity Name: INFOMOVING.COM, LLC

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

11805 ROYAL PALM BLVD BUILDING 22
201 BUILDING 22
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

1419 NW 65TH AVE
PLANTATION, FL 33313 US

Current Mailing Address:

11805 ROYAL PALM BLVD
201
CORAL SPRINGS, FL 33065 US

New Mailing Address:

1419 NW 65TH AVE
PLANTATION, FL 33313 US

FEI Number: 20-3459058 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:

Name and Address of New Registered Agent:

MASKALIK, TAL
11805 ROYAL PALM BLVD BUILDING 22
201
CORAL SPRINGS, FL 33065 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: YARONLEVIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASKALIK, TAL
Address: 11805 ROYAL PALM BLVD BUILDING 22
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM () Delete
Name: LEVIN, YARON
Address: 11805 ROYAL PALM BLVD BUILDING 22
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES:

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 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: YARONLEVIN

MNG

09/29/2009

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