

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000091693

FILED
Jan 03, 2008
Secretary of State

Entity Name: BOONENC, LLC

Current Principal Place of Business:

4091 COLONIAL BLVD.
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

4091 COLONIAL BLVD.
FORT MYERS, FL 33912

New Mailing Address:

4091 COLONIAL BLVD.
FORT MYERS, FL 33966

FEI Number: 05-0629430 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:

SHAW, TIM
15617 FIDDLESTICKS BLVD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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: TIM SHAW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAW, TIM
Address: 4091 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: HOWARD, MARTY
Address: 4091 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAW, TIM
Address: 4091 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33966

Title: MGR (X) Change () Addition
Name: HOWARD, MARTY
Address: 4091 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33966

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: TIM SHAW

MNGR

01/03/2008

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