2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# L05000093770

Entity Name: ALLEN'S HOLDINGS & INVESTMENTS, LLC

Current Principal Place of Business:

1551 N. FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

New Principal Place of Business:

6831 N MILITARY TRAIL
WEST PALM BEACH, FL 33407

Current Mailing Address:

1551 N. FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

New Mailing Address:

6831 N MILITARY TRAIL
WEST PALM BEACH, FL 33407

FEI Number: 20-4498083 **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:

ALLEN, SHAUN A
1551 N FEDERAL HWY
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

ALLEN, SHAUN A
6831 N MILITARY TRAIL
WEST PALM BEACH, FL 33407 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: SHAUN ALLEN 04/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALLEN, SHAUN
Address: 56 RAMSAY AVENUE, PRESTON
City-St-Zip: LANCASHIRE, UK PR1 6EL UK

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLEN, SHAUN
Address: 6831 N MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, F 33407 US

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: SHAUN ALLEN MGR 04/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date