

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000099924

FILED
Jan 28, 2008
Secretary of State

Entity Name: PIERRE EQUITY HOLDINGS L.L.C.

Current Principal Place of Business:

16418 ORANGE BLVD
LOXAHATCHEE, FL 34470

New Principal Place of Business:

Current Mailing Address:

16418 ORANGE BLVD
LOXAHATCHEE, FL 34470

New Mailing Address:

FEI Number: 20-3612632 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:

PIERRE, WILTHER
16418 ORANGE BLVD
LOXAHATCHEE, FL 34470 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: WILTHER PIERRE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PIERRE, WILTHER
Address: 16418 ORANGE BLVD
City-St-Zip: LOXAHATCHEE, FL 34470

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

Title: MGRM () Delete
Name: PIERRE, EVANIA
Address: 16418 ORANGE BLVD
City-St-Zip: LOXAHATCHEE, FL 34470

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

Title: MGRM () Delete
Name: PIERRE, ROBINS
Address: 16418 ORANGE BLVD
City-St-Zip: LOXAHATCHEE, FL 34470

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: WILTHER PIERRE

MGRM

01/28/2008

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