

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000101831

FILED  
Sep 16, 2009  
Secretary of State

Entity Name: CDM INVESTMENT GROUP LLC

**Current Principal Place of Business:**

9410 BLUEBIRD DRIVE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48546  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 54-2189847      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:**

MITCHELL, CLIFFORD  
9410 BLUEBIRD DRIVE  
TAMPA, FL 33647      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: CLIFFORD MITCHELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MITCHELL, CLIFFORD MDRM  
Address: P.O. BOX 48456  
City-St-Zip: TAMPA, FL 33647

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MITCHELL, CLIFFORD MGR  
Address: P.O. BOX 48456  
City-St-Zip: TAMPA, FL 33647

Title: MGR      ( ) Change      (X) Addition  
Name: MITCHELL, LAMONT MGRM  
Address: 9410 BLUEBIRD DRIVE  
City-St-Zip: TAMPA, FL 33647

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: CLIFFORD MITCHELL

MGMR

09/16/2009

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