

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000103203

FILED
Oct 22, 2007
Secretary of State

Entity Name: DEMARTINO INVESTMENTS LLC

Current Principal Place of Business:

2199 BALSAN WAY
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2199 BALSAN WAY
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-3660444 **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:

DEMARTINO, TODD A
2199 BALSAN WAY
WELLINGTON, FL 33414 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: TODD A DEMARTINO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEMARTINO, TODD A
Address: 2199 BALSAN WAY
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: DEMARTINO, ROBERT
Address: 46 SMITHERS ROAD
City-St-Zip: MEXICO, NY 13114

Title: MGR () Delete
Name: DEMARTINO, ELIZABETH
Address: 5439 BROOKVIEW CT
City-St-Zip: ACWORTH, GA 30102

ADDITIONS/CHANGES:

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

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: TODD A DEMARTINO

MGR

10/22/2007

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