

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000112758

Entity Name: ALZCOG THERAPEUTICS, LLC

**FILED**  
**Nov 03, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 621  
OSPREY, FL 342290261

**New Principal Place of Business:**

P.O. BOX 261  
OSPREY, FL 34229

**Current Mailing Address:**

P.O. BOX 621  
OSPREY, FL 342290261

**New Mailing Address:**

6687 DUCK POND LANE  
SARASOTA, FL 34240

FEI Number: 20-3830699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHELDEN, STEVE  
6687 DUCK POND LANE  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

SHELDEN, STEVE CEO  
6687 DUCK POND LANE  
SARASOTA, FL 34240 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: STEVE SHELDEN

11/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHELDEN, STEVE  
Address: P.O. BOX 621  
City-St-Zip: OSPREY, FL 342290261

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: SHELDEN, STEVE  
Address: P.O. BOX 261  
City-St-Zip: OSPREY, FL 34229

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: STEVE SHELDEN

CEO

11/03/2006

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