

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000112758

FILED
Sep 24, 2007
Secretary of State

Entity Name: ALZCOG THERAPEUTICS, LLC

Current Principal Place of Business:

P.O. BOX 261
OSPNEY, FL 34229

New Principal Place of Business:

5136 FAR OAK CIRCLE
SARASOTA, FL 34238

Current Mailing Address:

6687 DUCK POND LANE
SARASOTA, FL 34240

New Mailing Address:

P.O. BOX 261
OSPNEY, FL 34229

FEI Number: 20-3830699 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:

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

Name and Address of New Registered Agent:

SHELDEN, STEVE CEO
5136 FAR OAK CIRCLE
SARASOTA, FL 34238 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

09/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: SHELDEN, STEVE
Address: P.O. BOX 261
City-St-Zip: OSPNEY, FL 34229

ADDITIONS/CHANGES:

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: STEVE SHELDEN

CEO

09/24/2007

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