

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113100

FILED  
Oct 27, 2008  
Secretary of State

**Entity Name:** MX INDIAN ROCKS PROPERTIES, LLC

**Current Principal Place of Business:**

598 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2202 N. HOWARD AVE  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 20-3841305      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:**

O'HARA, PATRICK M  
2202 N. HOWARD AVE  
TAMPA, FL 33607      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: PATRICK O'HARA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: O'HARA, PATRICK  
Address: 2202 N HOWARD AVE  
City-St-Zip: TAMPA, FL 33607

Title: MGR      ( ) Delete  
Name: GONZALEZ, JUAN C  
Address: 598 INDIAN ROCKS ROAD  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

**ADDITIONS/CHANGES:**

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: PATRICK O'HARA

MGR

10/27/2008

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