

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000113390

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** DIRECT 2 U WHOLESALE LLC

**Current Principal Place of Business:**

17604 ARCHLAND PASS ROAD  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 673  
LUTZ, FL 33549

**New Mailing Address:**

**FEI Number:** 06-1804741      **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:**

WATTS, TERRI L MRS  
17604 ARCHLAND PASS ROAD  
LUTZ, FL 33558      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: TERRI WATTS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** WATTS, TERRI L MRS  
**Address:** PO BOX 673  
**City-St-Zip:** LUTZ, FL 33548

I hereby 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: TERRI WATTS

MRS

05/04/2010

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