

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113596

Entity Name: E-Z-DOLLEY "LLC"

FILED
Oct 25, 2006
Secretary of State

Current Principal Place of Business:

10090 NW 56 STREET
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

10090 NW 56 STREET
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELUCA, FRANK K
10060 NW 56 STREET
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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: FRANK DELUCA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLARK, RAY
Address: 10060 NW 56 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: DELUCA, FRANK K
Address: 10090 NW 56 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLARK, RAY
Address: 10060 NW 56 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM (X) Change () Addition
Name: DELUCA, FRANK K
Address: 10090 NW 56 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Change (X) Addition
Name: CLARK, STEVE
Address: 10060 NW 56 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

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: FRANK DELUCA

MGRM

10/25/2006

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