2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# L05000117434

Entity Name: ONESTAR PROPERTIES L.L.C.

Current Principal Place of Business:

6588 SE ROANOKE CT
HOBE SOUND, FL 33455 US

New Principal Place of Business:

7905 SE INDEPENDENCE AVE
HOBE SOUND, FL 33455 US

Current Mailing Address:

6588 SE ROANOKE CT
HOBE SOUND, FL 33455 US

New Mailing Address:

7905 SE INDEPENDENCE AVE
HOBE SOUND, FL 33455 US

FEI Number: 16-1742609 **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:

MINICHIELLI, JOHN G
6588 SE ROANOKE CT
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

MINICHIELLI, JOHN G
7905 SE INDEPENDENCE AVE
HOBE SOUND, FL 33455 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: JOHN G MINICHIELLI 10/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MINICHIELLI, JOHN G
Address: 6588 SE ROANOKE CT
City-St-Zip: HOBE SOUND, FL 33455 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MINICHIELLI, JOHN G
Address: 7905 SE INDEPENDENCE AVE
City-St-Zip: HOBE SOUND, FL 33455 US

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: JOHN G MINICHIELLI MGRM 10/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date