2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L06000002189

Entity Name: IT'S ALL GOOD PARTNERSHIP, LLC

Current Principal Place of Business:

3718 VINELAND RD.
ORLANDO, FL 32811 US

New Principal Place of Business:

5880 PRECISION DRIVE
ORLANDO, FL 32819 US

Current Mailing Address:

3718 VINELAND RD.
ORLANDO, FL 32811 US

New Mailing Address:

5880 PRECISION DRIVE
ORLANDO, FL 32819 US

FEI Number: 20-4071732 **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:

MOCK, KIMBERLY D
3718 VINELAND RD.
ORLANDO, FL 32811 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: KIMBERLY MOCK

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MOCK, RONALD B	
Address:	67 DESIREE AURORA ST.	
City-St-Zip:	WINTER GARDEN, FL 34786	
Title:	MGRM	( ) Delete
Name:	MOCK, KIMBERLY D	
Address:	67 DESIREE AURORA ST.	
City-St-Zip:	WINTER GARDEN, FL 34786	
Title:	MGRM	( ) Delete
Name:	MOCK, JASON H	
Address:	215 ROB ROY DR.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	MGRM	( ) Delete
Name:	ABBOTT, BRUCE K	
Address:	11624 VIA LUCERNA CIR.	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	MGRM	( ) Delete
Name:	ABBOTT, TAMLA D	
Address:	11624 VIA LUCERNA CIR.	
City-St-Zip:	WINDERMERE, FL 34786	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KIMBERLY MOCK MRS 03/23/2009

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