

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000002342

**FILED**  
**Dec 15, 2007**  
**Secretary of State**

**Entity Name:** POLLYZOOMLLC

**Current Principal Place of Business:**

3601 EL CENTRO STREET  
2  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

3612 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

3601 EL CENTRO STREET  
2  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

3612 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**FEI Number:** 16-1755721      **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:**

PAULA, ALLEN A  
3601 EL CENTRO STREET  
2  
ST. PETE BEACH FL, FL 33706 US

**Name and Address of New Registered Agent:**

ALLEN, PAULA A  
3612 GULF BOULEVARD  
ST. PETE BEACH FL, FL 33706 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: PAULA A. ALLEN

12/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: DIR ( ) Change (X) Addition  
Name: ALLEN, PAULA A  
Address: 3612 GULF BOULEVARD  
City-St-Zip: ST. PETE BEACH, FL 33706

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: PAULA A. ALLEN

DIR

12/15/2007

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