

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000011732

Entity Name: XIVIO, L.L.C.

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

1330 WEST AVE. SUITE 3604
MIAMI BEACH, FL 33139

New Principal Place of Business:

26747 SAXONY WAY
#215
WESLEY CHAPEL, FL 33543

Current Mailing Address:

1330 WEST AVE. SUITE 3604
MIAMI BEACH, FL 33139

New Mailing Address:

26747 SAXONY WAY
#215
WESLEY CHAPEL, FL 33543

FEI Number: 20-4234314 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:

BOFSHEVER, HAROLD S ESQ.
300 S.E. 2ND STREET SUITE 860
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

WISOTZKY, DAVID E
26747 SAXONY WAY
#215
WESLEY CHAPEL, FL 33543 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: DAVID E. WISOTZKY

10/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOFSHEVER, HAROLD S
Address: 300 S.E. 2ND STREET SUITE 860
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WISOTZKY, DAVID E
Address: 26747 SAXONY WAY #215
City-St-Zip: WESLEY CHAPEL, FL 33543

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: DAVID E. WISOTZKY

MGRM

10/04/2007

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