
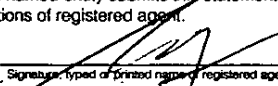
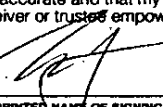


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000012771 1. Entity Name VIPER LLC					
Principal Place of Business 8110 MONETARY DRIVE RIVIERA BEACH, FL 33404 US				Mailing Address 8110 MONETARY DRIVE RIVIERA BEACH, FL 33404 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <input checked="" type="checkbox"/>			
Suite, Apt. #, etc. 8110 Monetary Dr.		Suite, Apt. #, etc.			
City & State Riviera Beach FL		City & State			
Zip 33404	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent MICHAEL VENTIMIGLIA 18336 OAKLEAF COURT JUPITER, FL 33458-FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 9/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INGUI, COREY J 1253 PERIWINKLE PLACE WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600109958706 09/26/07--01033--012 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENTIMIGLIA, MICHAEL 18336 OAKLEAF COURT JUPITER, FL 33458 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 9/24/07 Daytime Phone # 561-848 8402	

FILED

07 OCT -9 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09242007 REIN-LLC CR2E101 (1/07)

4. FEI Number **76-0816099** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

REINSTATEMENT