

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000015042

FILED
Dec 06, 2008
Secretary of State

Entity Name: INNERTWINE LLC

Current Principal Place of Business:

MARSHALL LEROY
9301 NW 2ND CT.
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

AQUIL ROBERTS
585 NW 94TH ST.
MIAMI, FL 33150

New Mailing Address:

FEI Number: 74-3165168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, AQUIL
585 NW 94TH ST.
MIAMI, FL 33150 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: AQUIL ROBERTS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERTS, AQUIL
Address: 585 NW 94TH ST.
City-St-Zip: MIAMI, FL 33150

Title: MGR () Delete
Name: LEROY, MASHELL
Address: 9301 NW 2ND CT.
City-St-Zip: MIAMI, FL 33150

Title: MGR () Delete
Name: GEORGES, DIANDGY
Address: 9301 NW 2ND CT.
City-St-Zip: MIAMI, FL 33150

Title: MGR () Delete
Name: LEVEILLE, JOSHUA
Address: 15000 NE 7TH CT.
City-St-Zip: MIAMI, FL 33161

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:

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: AQUIL ROBERTS

MGR

12/06/2008

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