

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000019684

Entity Name: F.A.L., LLC

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

3199 22ND AVENUE NORTH
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

3199 22ND AVENUE NORTH
ST. PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 20-4548880 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:

LOEFFLER, LORI
3199 22ND AVENUE NORTH
ST. PETERSBURG, FL 33713 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: LORI LOEFFLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONDELLO, ANTONIO
Address: 3199 22ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: MGRM () Delete
Name: LOEFFLER, LORI
Address: 3199 22ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOEFFLER, LORI
Address: 3199 22ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: MGRM (X) Change () Addition
Name: CONDELLO, ANTONIO
Address: 3199 22ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

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: LORI LOEFFLER

MGRM

02/05/2008

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