

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000019796

Entity Name: CALYPSO, L.L.C.

FILED
Oct 29, 2008
Secretary of State

Current Principal Place of Business:

% JEFFREY AND KARIN ROBERTS
319 NE SOLIDA CIRCLE
PORT ST. LUCIE, FL 33493

New Principal Place of Business:

Current Mailing Address:

% JEFFREY AND KARIN ROBERTS
319 NE SOLIDA CIRCLE
PORT ST. LUCIE, FL 33498

New Mailing Address:

% JEFFREY AND KARIN ROBERTS
P.O.BOX 13270
FT. PIERCE, FL 34979

FEI Number: 20-4448371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, E.ROLLINS I ESQ.
BROWN & BROWN, L.L.P.
200 SOUTH INDIAN RIVER DR., STE 100
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

ROBERTS, KARIN E RA
319 SOLIDA CIR
PT. SAINT LUCIE, FL 34983 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: KARIN ROBERTS

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERTS, KARIN E MGR
Address: 319 SOLIDA CIR.
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: MGR () Delete
Name: ROBERTS, JEFFERY MGR
Address: 319 SOLIDA CIR.
City-St-Zip: PT. ST. LUCIE, FL 34983

ADDITIONS/CHANGES:

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: KARIN ROBERTS

MGR

10/29/2008

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