

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000019796

Entity Name: CALYPSO, L.L.C.

**FILED**  
**Feb 09, 2010**  
**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  
P.O.BOX 13270  
FT. PIERCE, FL 34979

**New Mailing Address:**

FEI Number: 20-4448371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

02/09/2010

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