

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000028007

**FILED**  
**Dec 16, 2008**  
**Secretary of State**

**Entity Name:** LIME CREATIVE GROUP, LLC

**Current Principal Place of Business:**

5420 BAYBERRY HOMES RD.  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

5420 BAYBERRY HOMES RD.  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 20-4547303      **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:**

GREEN, SHERAE N  
5420 BAYBERRY HOMES RD.  
ORLANDO, FL 32811    US

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

BUTLER, SHERAE N  
5420 BAYBERRY HOMES RD.  
ORLANDO, FL 32811    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: SHERAE N. BUTLER

12/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: GREEN, SHERAE N  
Address: 5420 BAYBERRY HOMES RD.  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: BUTLER, SHERAE N  
Address: 5420 BAYBERRY HOMES RD.  
City-St-Zip: ORLANDO, FL 32811

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: SHERAE N. BUTLER

MGR

12/16/2008

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