2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 19, 2008
Secretary of State

DOCUMENT# L06000030528

Entity Name: UNIVERSAL Y & T LLC

Current Principal Place of Business:

8255 BOB O LINK DRIVE
WEST PALM BEACH, FL 33412

New Principal Place of Business:

1001 WEST JASMINE DRIVE
SUITE -E
LAKE PARK, FL 33403

Current Mailing Address:

8255 BOB O LINK DRIVE
WEST PALM BEACH, FL 33412

New Mailing Address:

1001 WEST JASMINE DRIVE
SUITE -E
LAKE PARK, FL 33403

FEI Number: 20-4553441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

THULISMA, ARNOUX
8255 BOB O LINK DRIVE
WEST PALM BEACH, FL 33412 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: ARNOUX THULISMA
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: THULISMA, ARNOUX
Address: 8255 BOB O LINK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR ( ) Delete
Name: THULISMA, MICHAEL
Address: 8255 BOB O LINK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: SEC ( ) Delete
Name: THULISMA, MICHELLE
Address: 8255 BOB O LINK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

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:

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: ARNOUX THULISMA PRES 11/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date