

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000040404

Entity Name: LLA INVESTMENTS, LLC

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

617 FRONT STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

617 FRONT STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-4878814 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:

Name and Address of New Registered Agent:

LETSCHERT, TRUDO II
617 FRONT STREET
KEY WEST, FL 33040 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: TRUDO LETSCHERT II

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BISBY, ROBERT
Address: 617 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: LETSCHERT, TRUDO
Address: 1650 CHAPLINE LANE
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: LETSCHERT, TRUDO II
Address: 1650 CHAPLINE LANE
City-St-Zip: SARASOTA, FL 34231

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: TRUDO LETSCHERT II

MGRM

10/08/2007

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