2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# L06000043165

Entity Name: RIGHT STRIKE LLC

Current Principal Place of Business:

4528 EDEN WOODS CIRCLE
ORLANDO, FL 32810 US

New Principal Place of Business:

9276 CARDIAL MEADOW TRAIL
ORLANDO, FL 32827 US

Current Mailing Address:

4528 EDEN WOODS CIRCLE
ORLANDO, FL 32810 US

New Mailing Address:

9276 CARDINAL MEADOW TRAIL
ORLANDO, FL 32827 US

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

Name and Address of Current Registered Agent:

COTE, JOSE
4528 EDEN WOODS CIRCLE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

COTE, JOSE
9276 CARDINAL MEADOW TRAIL
ORLANDO, FL 32827 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: JOSE COTE 10/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COTE, JOSE
Address: 4528 EDEN WOODS CIRCLE
City-St-Zip: ORLANDO, FL 32810 US

Title: A MG ( ) Delete
Name: ORTIZ, ADELINA
Address: 4528 EDEN WOODS CIRCLE
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COTE, JOSE
Address: 9276 CARDINAL MEADOW TRAIL
City-St-Zip: ORLANDO, FL 32827 US

Title: A MG (X) Change ( ) Addition
Name: ORTIZ, ADELINA
Address: 9276 CARDINAL MEADOW TRAIL
City-St-Zip: ORLANDO, FL 32827 US

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: JOSE COTE MR. 10/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date