

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000045865

Entity Name: RAZOR INDUSTRIES, L.L.C.

FILED  
Oct 08, 2007  
Secretary of State

## Current Principal Place of Business:

21373 SHANNON RIDGE WAY  
BOCA RATON, FL 33428

## New Principal Place of Business:

## Current Mailing Address:

21373 SHANNON RIDGE WAY  
BOCA RATON, FL 33428

## New Mailing Address:

FEI Number: 20-4783878      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:

BUSHMAN, ROBERT S  
5541 CROYDON COURT  
BOCA RATON, FL 33486      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: ROBERT S. BUSCHMAN

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: BOBOLTS, DUDLEY  
Address: 21373 SHANNON RIDGE WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM      ( ) Delete  
Name: LOWZA, JAMES  
Address: 9576 RICHMAN CIRCLE  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES:

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: DUDLEY L. BOBOLTS

PRES

10/08/2007

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