2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 11, 2008
Secretary of State

DOCUMENT# L06000046167

Entity Name: TEAM DISASTER RELIEF, LLC

Current Principal Place of Business:

6158 PORTER RD
SARASOTA, FL 34240

New Principal Place of Business:

6150 PORTER RD
SARASOTA, FL 34240

Current Mailing Address:

PMB 174 5436 FRUITVILLE RD
SARASOTA, FL 34232

New Mailing Address:

6150 PORTER RD
SARASOTA, FL 34240

FEI Number: 65-1279132 **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:

DEWANA, LEONARD M
5436 #174 FRUITVILLE RD.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

DEWANA, LEONARD M
6150 PORTER RD
SARASOTA, FL 34240 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: DEWANA M. LEONARD 12/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: LEONARD, DEWANA M
Address: 5436 #174 FRUITVILLE RD.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: LEONARD, DEWANA M
Address: 6150 PORTER RD
City-St-Zip: SARASOTA, FL 34240

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: DEWANA M.LEONARD PRES 12/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date