

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000050345

FILED
Jan 30, 2008
Secretary of State

Entity Name: MCCLAIN ENTERPRISES LLC

Current Principal Place of Business:

5764 OAKWOOD KNOLL DRIVE
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

5764 OAKWOOD KNOLL DRIVE
LAKELAND, FL 33811

New Mailing Address:

P.O. BOX 2066
SEFFNER, FL 33853

FEI Number: 42-1703019 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:

NEWTON, SHARAUN
5764 OAKWOOD KNOLL DRIVE
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

MCCLAIN, SHARAUN
5764 OAKWOOD KNOLL DRIVE
LAKELAND, FL 33811 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: SHARAUN MCCLAIN

01/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCLAIN, SHARAUN
Address: 5764 OAKWOOD KNOLL DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: MGRM (X) Delete
Name: MCCLAIN, SCOTT
Address: 5764 OAKWOOD KNOLL DRIVE
City-St-Zip: LAKELAND, FL 33811

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: SHARAUN MCCLAIN

MGR

01/30/2008

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