

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000052846

Entity Name: CITADELLE HOLDINGS, LLC

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

150 EAST SAMPLE RD. #110
POMPAÑO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

150 EAST SAMPLE RD. #110
POMPAÑO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-4917424 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:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

GASSANT, SERGE L
150 E SAMPLE RD
SUITE 110
POMPAÑO BEACH, FL 33064 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: SERGE L GASSANT

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GASSANT, SERGE L
Address: 7518 PRESCOTT LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: GASSANT, CHANTAL M
Address: 7518 PRESCOTT LANE
City-St-Zip: LAKE WORTH, FL 33467

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: SERGE L GASSANT

MGRM

10/09/2007

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