

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000057328

Entity Name: FLORIDIAN EXPERIENCE, LLC

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

22 W. MONUMENT AVE.
KISSIMMEE, FL 33741 US

New Principal Place of Business:

22 W. MONUMENT AVE.
SUITE #27
KISSIMMEE, FL 33741 US

Current Mailing Address:

22 W. MONUMENT AVE.
KISSIMMEE, FL 34741 US

New Mailing Address:

22 W. MONUMENT AVE.
SUITE #27
KISSIMMEE, FL 34741 US

FEI Number: 20-4993795 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:

LEIBE, TIMOTHY A
22 W. MONUMENT AVE.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LEIBE, TIMOTHY A
22 W. MONUMENT AVE.
SUITE #27
KISSIMMEE, FL 34741 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: TIMOTHY A LEIBE

10/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEIBE, TIMOTHY A
Address: 22 W. MONUMENT AVE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM () Delete
Name: DONNELLY, JOHN
Address: BURSTON HALL, BURSTON
City-St-Zip: NR STONE, UK ST18 0DR UK

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEIBE, TIMOTHY A
Address: 22 W. MONUMENT AVE SUITE #27
City-St-Zip: KISSIMMEE, FL 34741 US

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: TIMOTHY A LEIBE

MGRM

10/04/2007

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