SEC
DIVIS

07 NOV 14 PM 2:52

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000058200

1. Entity Name
NOBUL DAWG, LLC

Principal Place of Business	Mailing Address
4303 W. SYLVAN RAMBLE TAMPA, FL 33609	4303 W. SYLVAN RAMBLE TAMPA, FL 33609

400112049694
11/06/07--01061--011 **150.00

10162007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4400 W. Culbreath	4400 W. Culbreath
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 Country	Zip: 33609 Country

4. FEI Number 20-5015263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, JANINE 4303 W. SYLVAN RAMBLE TAMPA, FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) 4400 W. Culbreath City Tampa FL Zip Code 33609

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Janine Allen Nov. 4, 07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALLEN, JANINE 4303 W. SYLVAN RAMBLE TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4400 W. Culbreath Tampa, FL 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Janine Allen NOV. 4, 07 944 294 6902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #