2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# L06000067075

Entity Name: M.K. SHUTTERLY, LLC

Current Principal Place of Business:

2049 HOVINGTON CIRCLE EAST
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

355 SAN PABLO RD.N.
JACKSONVILLE, FL 32225 US

Current Mailing Address:

2049 HOVINGTON CIRCLE EAST
JACKSONVILLE, FL 32246 US

New Mailing Address:

355 SAN PABLO RD. N.
JACKSONVILLE, FL 32225 US

FEI Number: 56-2598270 **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:

SHUTTERLY, MICHAEL K
2049 HOVINGTON CIRCLE EAST
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

SHUTTERLY, MICHAEL K
355 SAN PABLO RD. N.
JACKSONVILLE, FL 32225 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: FORGERY 10/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHUTTERLY, MICHAEL K
Address: 2049 HOVINGTON CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHUTTERLY, MICHAEL K
Address: 355 SAN PABLO RD.N.
City-St-Zip: JACKSONVILLE, FL 32225 US

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: FORGERY MGRM 10/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date