

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000067688

Entity Name: MURGA INVESTMENTS, LLC

FILED
Nov 29, 2007
Secretary of State

Current Principal Place of Business:

3902 CRENSHAW ST
TAMPA, FL 33614 US

New Principal Place of Business:

3902 W CRENSHAW ST
TAMPA, FL 33614 US

Current Mailing Address:

3902 CRENSHAW ST
TAMPA, FL 33614 US

New Mailing Address:

3902 W CRENSHAW ST
TAMPA, FL 33614 US

FEI Number: 20-5183709 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:

MURGA, JOEL
3902 CRENSHAW ST
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: JOEL MURGA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MURGA, JOEL
Address: 3902 CRENSHAW ST
City-St-Zip: TAMPA, FL 33614 US

Title: MGRM () Delete
Name: MURGA, WANDA
Address: 3902 CRENSHAW ST
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURGA, JOEL
Address: 3902 W CRENSHAW ST
City-St-Zip: TAMPA, FL 33614 US

Title: MGRM (X) Change () Addition
Name: MURGA, WANDA
Address: 3902 W CRENSHAW ST
City-St-Zip: TAMPA, FL 33614 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: JOEL MURGA

MGRM

11/29/2007

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