2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L06000067724

Entity Name: EBM, LLC

Current Principal Place of Business:

2654 PROVIDENCE STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2654 PROVIDENCE STREET
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

MURPHY, BENJAMIN
2654 PROVIDENCE STREET
FORT MYERS, FL 33916 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: BENJAMIN MURPHY
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MURPHY, VINCENT
Address: 2654 PROVIDENCE STREET
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM ( ) Delete
Name: MURPHY, BENJAMIN
Address: 17333 MARIPOSA AVE
City-St-Zip: RIVERSIDE, CA 92504

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MURPHY, BENJAMIN
Address: 2654 PROVIDENCE STREET
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM (X) Change ( ) Addition
Name: MURPHY, VINCENT
Address: 2654 PROVIDENCE STREET
City-St-Zip: FORT MYERS, FL 33916

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: BENJAMIN MURPHY MGRM 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date