

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000067852

Entity Name: INTERCONTINENTAL, LLC

FILED
Sep 28, 2007
Secretary of State

Current Principal Place of Business:

2550 SE WILLOUGHBY BLVD.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2550 SE WILLOUGHBY BLVD.
STUART, FL 34994

New Mailing Address:

FEI Number: 20-5200267 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:

Name and Address of New Registered Agent:

WOODS, LORRAINE
2550 SE WILLOUGHBY BLVD.
STUART, FL 34994 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: LORRAINE WOODS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MATAKAETIS, GARY
Address: 800 NW FORK RD., BLDG. 6, APT. 6
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: KALOUDIS, GEORGE
Address: 5844 SUNBERRY CIRCLE
City-St-Zip: FT. PIERCE, FL 34951

Title: MGRM () Delete
Name: LASKARIS, SPIRO
Address: 502 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: MATAKAETIS, MIKE
Address: 4900 SPINNAKER PT. PLACE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SPIRO LASKARIS

MR.

09/28/2007

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