

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000072706

FILED
Jun 05, 2008
Secretary of State

Entity Name: AUGUST MOON LLC

Current Principal Place of Business:

P.O.BOXM 954
OSPREY, FL 34229

New Principal Place of Business:

2355 NURSERY ROAD
CLEARWATER, FL 33764

Current Mailing Address:

P.O.BOXM 954
OSPREY, FL 34229

New Mailing Address:

2355 NURSERY ROAD
CLEARWATER, FL 33764

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

TERRONE, JOSEPH SR
2355 NURSERY ROAD
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

WONG, KIM B
2355 NURSERY ROAD
CLEARWATER, FL 33764 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: KIM B WONG

06/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TERRONE, JOSEPH SR
Address: 2355 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WONG, KIM B
Address: 2355 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: MGR () Change (X) Addition
Name: TERONE, JOSEPH SR
Address: 2355 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33764

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: KIM B WONG

MGRM

06/05/2008

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