2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 03, 2007
Secretary of State

DOCUMENT# L06000075935

Entity Name: DEMMIN 2, LLC

Current Principal Place of Business:

609 N US HIGHWAY 17 92
STE 102A
DEBARY, FL 32713 US

New Principal Place of Business:

1466 ENTERPRISE OSTEEN RD
ENTERPRISE, FL 32725 US

Current Mailing Address:

609 N US HIGHWAY 17 92
STE 102A
DEBARY, FL 32713 US

New Mailing Address:

1466 ENTERPRISE OSTEEN RD
ENTERPRISE, FL 32713 US

FEI Number: 20-5297327 **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:

STRUNKEIT, CARSTEN
609 N US HIGHWAY 17 92
STE 102A
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

STRUNKEIT, CARSTEN
1466 ENTERPRISE OSTEEN RD
ENTERPRISE, FL 32725 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: CARSTEN STRUNKEIT 10/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STRUNKEIT, CARSTEN
Address: 609 N US HIGHWAY 17 92 STE 102A
City-St-Zip: DEBARY, FL 32713 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STRUNKEIT, CARSTEN
Address: 1466 ENTERPRISE OSTEEN RD
City-St-Zip: ENTERPRISE, FL 32725 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: CARSTEN STRUNKEIT MGR 10/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date