

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000077133

Entity Name: MAGNETIC MILES, LLC

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1154 SE MONTEREY RD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1154 SE MONTEREY RD  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 26-4327234      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:**

MADDEN, JOHN W  
789 S. FEDERAL HWY, SUITE 308  
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: JOHN MADDEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CRISTOFORO, MICHAEL  
Address: 1154 SE MONTEREY ROAD  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

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: MICHAEL CRISTOFORO

MGR

10/07/2009

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