

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000086363

Entity Name: MARS, LLC

FILED
Oct 28, 2008
Secretary of State

Current Principal Place of Business:

ATTN: J. TRUE MARTIN
3364 CHARLESTON ROAD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

ATTN: J. TRUE MARTIN
3364 CHARLESTON ROAD
TALLAHASSEE, FL 32309

New Mailing Address:

2606 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

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:

Name and Address of New Registered Agent:

WAUGH, EMILY S
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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: EMILY S WAUGH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTIN, TRUE J
Address: 3364 CHARLESTON ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: MARTIN, KATHARINE D
Address: 3384 CHARLESTON RD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

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: J TRUE MARTIN

MGRM

10/28/2008

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