2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 31, 2008
Secretary of State

DOCUMENT# L06000086886

Entity Name: CIBU OFFICE SUPPLY, LLC

Current Principal Place of Business:

406 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

406 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 11-3789091 **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:

ELLWANGER, PATRICIA L
406 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

ELLWANGER, PATRICIA L
4649 GOLDEN APPLES TRL
PORT ORANGE, FL 32129 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: PATRICIA L. ELLWANGER 10/31/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ELLWANGER, RICHARD C
Address: 4649 GOLDEN APPLES TRAIL
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM ( ) Delete
Name: ELLWANGER, PATRICIA L
Address: 4649 GOLDEN APPLES TRAIL
City-St-Zip: PORT ORANGE, FL 32129

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: PATRICIA L. ELLWANGER MGRM 10/31/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date