

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000090980

FILED
Sep 25, 2007
Secretary of State

Entity Name: SHAKESPEARE INTERNATIONAL, LLC

Current Principal Place of Business:

232 OAKFIELD DR.
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

232 OAKFIELD DR.
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 20-5670083 **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:

NEWHEY, LEE
232 OAKFIELD DR.
BRANDON, FL 33511 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: LEE NEWHEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWHEY, LEE
Address: 232 OAKFIELD DR.
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: SHAKESPEARE, REBECCA
Address: 232 OAKFIELD DR.
City-St-Zip: BRANDON, FL 33511 FL

Title: MGRM (X) Delete
Name: PRAHALAD, RONALD
Address: 232 OAKFIELD DR.
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEE NEWHEY

MGRM

09/25/2007

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