2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000092379

Entity Name: PAOO LLC

FILED Oct 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5100 BURCHETTE ROAD, UNIT 2204 700 S HARBOUR ISLAND BLVD #141

TAMPA, FL 33647 TAMPA, FL 33602 LIS US

Current Mailing Address: New Mailing Address:

700 S HARBOUR ISLAND BLVD #141 5100 BURCHETTE ROAD, UNIT 2204

TAMPA, FL 33647 TAMPA, FL 33602 US

FEI Number: 20-5596830 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:

SEFAIR, PAOOLA SEFAIR, PAOOLA

5100 BURCHETTE ROAD, UNIT 2204 700 S HARBOUR ISLAND BLVD #141 TAMPA, FL 33647 TAMPA, FL 33602 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: PAOOLA SEFAIR 10/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

SEFAIR, PAOOLA SEFAIR, PAOOLA Name: Name:

Address: 5100 BURCHETTE ROAD, UNIT 2204 Address: 700 S HARBOUR ISLAND BLVD #141 TAMPA, FL 33647 US TAMPA, FL 33602 US

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition TEZEL, NECATI GOKCE Name: Name: TEZEL, NECATI GOKCE

Address: 5100 BURCHETTE ROAD, UNIT 2204 Address: 700 S HARBOUR ISLAND BLVD #141

City-St-Zip: TAMPA, FL 33647 US City-St-Zip: TAMPA, FL 33602 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: PAOOLA SEFAIR **MGRM** 10/15/2009