2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# L06000094408

Entity Name: THE OKEECHOBEE GROUP LLC

Current Principal Place of Business:

4313 WEST WHITEWATER AVE
WESTON, FL 33332

New Principal Place of Business:

Current Mailing Address:

4313 WEST WHITEWATER AVE
WESTON, FL 33332

New Mailing Address:

FEI Number: 45-0566259 **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:

SHAW, DWAINE
4313 W. WHITEWATER AVE.
WESTON, FL 33332 US

Name and Address of New Registered Agent:

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: DWAINE SHAW

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHAW, DWAINE
Address: 4313 W. WHITEWATER AVE
City-St-Zip: WESTON, FL 33332 US

Title: MGRM ( ) Delete
Name: CHAPLIN, EVERARD
Address: 4313 WEST WHITEWATER AVE
City-St-Zip: WESTON, FL 33332

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: EVERSON, LETISHA
Address: P.O. BOX 491725
City-St-Zip: FORT LAUDERDALE, FL 33349

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: DWAINE SHAW RA 10/08/2009

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