

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000097121

**FILED**  
**Sep 27, 2010**  
**Secretary of State**

**Entity Name:** MY SAFEKEEPINGS VAULT LLC

**Current Principal Place of Business:**

251 ST JOHNS RIVER PLACE LANE  
SWITZERLAND, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

251 ST JOHNS RIVER PLACE LANE  
SWITZERLAND, FL 32259 US

**New Mailing Address:**

**FEI Number:** 20-5664716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONAKEY, MICHAEL J  
11945 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32223 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: MIKE MONAKEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCNEIL, BARRY L  
Address: 251 ST JOHNS RIVER PLACE LANE  
City-St-Zip: SWITZERLAND, FL 32259 US

I hereby 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: BARRY MCNEIL

MGRM

09/27/2010

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