

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 27 PM 4:44



DOCUMENT # L06000108082 1. Entity Name THE SLIMMING SHAKE LLC			
Principal Place of Business 2850 UNIVERSITY ACRES DRIVE ORLANDO, FL 32817 US		Mailing Address 2850 UNIVERSITY ACRES DRIVE ORLANDO, FL 32817 US	
2. Principal Place of Business - No P.O. Box # 1555 Semoran Blvd Suite, Apt. #, etc. 1101		3. Mailing Address 1555 Semoran Blvd Suite, Apt. #, etc. 1101	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32792		Zip 32792	
Country USA		Country USA	
4. FEI Number 20-5848683		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDDICK, KADYRA 2850 UNIVERSITY ACRES DRIVE ORLANDO, FL 32817	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 4007-09 </div> <div> 300118951973 02/27/08--01039--008 **282.50 </div> </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>[Signature]</i></u>		Date 2-25-08 Daytime Phone # 407-332-1500	