2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000118543

City-St-Zip: TALLAHASSEE, FL 32311

Entity Name: SMITTY ENTERPRISES, LLC

FILED May 01, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of	f Business:
	TERSON LN SSEE, FL 32311		
Current N	lailing Address:	New Mailing Address:	
	TERSON LN SSEE, FL 32311		
	: 22-3948790 FEI Number Applied For ice with s. 607.193(2)(b), F.S., the limited liabi) FEI Number Not Applicable () lity company did not receive the prior notice.	Certificate of Status Desired ()
Name and	I Address of Current Registered Age	nt: Name and Address of	New Registered Agent:
2712 MAS TALLAHA: The above	MBERLY D TERSON LN SSEE, FL 32311 US named entity submits this statement for e of Florida.	r the purpose of changing its registered	office or registered agent, or both
SIGNATU	RE: KIMBERLY D SMITH		
	Electronic Signature of Register	ed Agent	Date
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete SMITH, JAMES 2712 MASTERSON LN TALLAHASSEE, FL 32311	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	MGR () Delete SMITH, KIMBERLY 2712 MASTERSON LN TALLAHASSEE, FL 32311	Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name:	MGR (X) Delete LEACH, JAMES 2741 MASTERSON I N	Title: (Name: Address:) Change () Addition

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.

City-St-Zip:

SIGNATURE: KIMBERLY D SMITH MGR 05/01/2009