

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000001051

FILED
Nov 24, 2009
Secretary of State

Entity Name: BRAILLE LLC

Current Principal Place of Business:

4545 MARRIOTTI CT., UNIT N
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4545 MARRIOTTI CT., UNIT N
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-8309397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FULLER, SAMUEL B
4545 MARRIOTTI CT UNIT N
SARASOTA, FL 34233 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: SAMUEL B FULLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FULLER, SAMUEL B
Address: 4545 MARRIOTTI CT UNIT N
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

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

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: SAMUEL B FULLER

MGR

11/24/2009

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