2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L07000001835 1 Entity Name **EUPHORIC CREATIONS,LLC** 08 DEC -2 AHII: 38 Principal Place of Business Mailing Address **801 VICTORY CIRCLE 801 VICTORY CIRCLE BOYNTON BEACH, FL 33436** BOYNTON BEACH, FL 33436 2. Principal Place of Business - No P.O. Box # 3. Mailing Address V E 3560 Suite, Apt. #, etc. 1266 GREENI Suite, Apt. #, etc. 10312008 REIN-LLC CR2E101 (1/07) City & State Applied For 4. FEI Number 112A1 Not Applicable <u>01-088646</u> Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BORAL BAJORSKI, DEBORAH A **801 VICTORY CIRCLE** BOYNTON BEACH, FL 33436 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. In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After January 1, 2009, Fee will be \$277.50 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change MGR TITLE Delete TITLE MGIZ☐ Addition BAJORSKI, DEBORAH A NAME NAME BAJORSKI STREET ADDRESS **801 VICTORY CIRCLE** STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP C/TY-ST-7IP **TITLE** 500138347965 12/01/08--01077--009 **5. Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ___ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ___ Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING M RER. MANAGER OR AUTHORIZED REPRESENTATIVE