

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000013936

Entity Name: PIPELINE PROFITS LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

8710 WEST HILLSBOROUGH AVENUE  
SUITE 405  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

8710 WEST HILLSBOROUGH AVENUE  
SUITE 405  
TAMPA, FL 33615 US

**New Mailing Address:**

FEI Number: 20-8521361      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

CLARKE, PHILIP  
1505 N. FLORIDA AVENUE  
TAMPA, FL 33601 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: PHILIP CLARKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FELT, BROCK  
Address: 8710 WEST HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM ( ) Delete  
Name: RIZVI, BUCK  
Address: 8710 WEST HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33615 US

**ADDITIONS/CHANGES:**

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

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: BROCK FELT

MGR

04/13/2009

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