

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000021986

FILED
Feb 24, 2009
Secretary of State

Entity Name: CAMPBELL'S TREASURE BOX, L.L.C.

Current Principal Place of Business:

17038 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

17038 67TH CT N
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

17038 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

New Mailing Address:

7040-23 SEMINOLE PRATT WHITNEY
LOXAHATCHEE, FL 33470 US

FEI Number: 20-8528579 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:

CAMPBELL, DONNA
17038 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: DONNA CAMPBELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CAMPBELL, DONNA
Address: 17038 67TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

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

Title: MGRM (X) Delete
Name: CAMPBELL, DENNIS
Address: 17038 67TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: DONNA CAMPBELL

PRES

02/24/2009

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