

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000030146

FILED  
Sep 23, 2009  
Secretary of State

Entity Name: CHAMBERS ENTERPRISES LLC

## Current Principal Place of Business:

8306 MILLS DRIVE #657  
#657  
MIAMI, FL 33183 US

## New Principal Place of Business:

## Current Mailing Address:

8306 MILLS DRIVE #657  
#657  
MIAMI, FL 33183 US

## New Mailing Address:

FEI Number: 20-8937761      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:

## Name and Address of New Registered Agent:

CHAMBERS, THOMAS B JR  
8306 MILLS DRIVE  
#657  
MIAMI, FL 33183 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: THOMAS BEN CHAMBERS JR.

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CHAMBERS, THOMAS B JR  
Address: 8306 MILLS DRIVE #657  
City-St-Zip: MIAMI, FL 33183 US

Title: MGRM ( ) Delete  
Name: CHAMBERS, JUANITA E  
Address: 8306 MILLS DRIVE #657  
City-St-Zip: MIAMI, FL 33183 FL

## 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: THOMAS BEN CHAMBERS JR

MGRM

09/23/2009

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