

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000031202

FILED
Nov 06, 2008
Secretary of State

Entity Name: ABUNDANCE PUBLISHING LLC

Current Principal Place of Business:

1631 W. 19TH ST.
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

12554 AYRSHIRE ST E
JACKSONVILLE, FL 32226 US

Current Mailing Address:

1631 W. 19TH ST.
JACKSONVILLE, FL 32209 US

New Mailing Address:

12554 AYRSHIRE ST E
JACKSONVILLE, FL 32226 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

WILLIAMS, MONYA L
1631 W. 19TH ST.
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

ROSARIO, DIMARY
12554 AYRSHIRE ST E
JACKSONVILLE, FL 32226 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: DIMARY ROSARIO

11/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, MONYA L
Address: 1631 W 19TH ST.
City-St-Zip: JACKSONVILLE, FL 32209 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, MONYA L
Address: 12554 AYRSHIRE ST E
City-St-Zip: JACKSONVILLE, FL 32226 US

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: MONYA WILLIAMS

MGR

11/06/2008

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