

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000032732

Entity Name: MYCITYCONNECT, LLC

FILED
Nov 08, 2008
Secretary of State

Current Principal Place of Business:

1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1160 S. ROGERS CIRCLE
SUITE 2
BOCA RATON, FL 33487

New Mailing Address:

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

SCHLIFSTEIN, JAMIE
2225 SPRING HARBOR DR.
APT. 1
DELRAY BEACH, FL 33445 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: JAMIE SCHLIFSTEIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHLIFSTEIN, JAMIE
Address: 2225 SPRING HARBOR DR., APT. 1
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: DAVID, EVAN
Address: 5032 N. LA SEDONA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHLIFSTEIN, JAMIE
Address: 13613 PAISLEY DR.
City-St-Zip: DELRAY BEACH, FL 33446

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: JAMIE SCHLIFSTEIN

MGRM

11/08/2008

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