

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000041116

Entity Name: THE GREEN ROOM, LLC

FILED
Dec 18, 2008
Secretary of State

Current Principal Place of Business:

4632 TANBARK ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4632 TANBARK ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-8856510 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:

HEEKIN LAW FIRM, P.A.
4540 SOUTHSIDE BLVD. SUITE 702
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HEEKIN LAW FIRM, P.A.
11512 LAKE MEAD AVENUE
BUILDING 100, SUITE 104
JACKSONVILLE, FL 32256 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: M. MARK HEEKIN

12/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORTON, ALLECIA S
Address: 4632 TANBARK ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: WRIGHT, CARRIE
Address: 3633 MEADOW GREEN LANE
City-St-Zip: MIDDLEBURG, FL 32068

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: ALLECIA NORTON

MGRM

12/18/2008

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