

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000043641

Entity Name: O. Z. N DA DEACON, LLC

FILED
Nov 10, 2008
Secretary of State

Current Principal Place of Business:

108 DELLWOOD DR.
LONGWOOD, FL 32750

New Principal Place of Business:

185 S RONALD REAGAN
125
LONGWOOD, FL 32750

Current Mailing Address:

108 DELLWOOD DR.
LONGWOOD, FL 32750

New Mailing Address:

185 S RONALD REAGAN
125
LONGWOOD, FL 32750

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:

KISHASHA, SHARPE ESQ
180 NW 183 STREET
117
MIAMI, FLORIDA, FL 33179 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: KISHASHA SHARPE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AZAD, KHORRAMIAN
Address: 108 DELLWOOD DR.
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: ONRIQUE, ARCHIE
Address: 8427 MILANO DRIVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AZAD, KHORRAMIAN
Address: 2044 ALAQUA DR
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change () Addition
Name: ONRIQUE, ARCHIE
Address: 1811 LOCHSHYRE LOOP
City-St-Zip: OCOEE, FL 34761

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: ONRIQUE ARCHIE

MR

11/10/2008

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