

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000043641

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

FILED
Oct 16, 2009
Secretary of State

Current Principal Place of Business:

2044 ALAQUA DR.
LONGWOOD, FL 32779

New Principal Place of Business:

929 LONGDALE AVE.
ST. 101
LONGWOOD, FL 32750

Current Mailing Address:

2044 ALAQUA DR.
LONGWOOD, FL 32779

New Mailing Address:

929 LONGDALE AVE.
ST. 101
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: 2044 ALAQUA DR
City-St-Zip: LONGWOOD, FL 32779

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

ADDITIONS/CHANGES:

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

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: AZAD KHORRAMIAN

MGRM

10/16/2009

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