

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

DOCUMENT# L07000044222

**Entity Name:** OH FAIR MAIDEN, LLC

**Current Principal Place of Business:**

1417 SADLER RD.  
AMELIA ISLAND, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

1417 SADLER RD.  
AMELIA ISLAND, FL 32034 US

**New Mailing Address:**

**FEI Number:** 43-2062247      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **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:**

GIOVANNETTI, CLEMENTINE M  
1417 SADLER RD.  
AMELIA ISLAND, FL 32034 US

**Name and Address of New Registered Agent:**

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: CLEMENTINE M. GIOVANNETTI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** GIOVANNETTI, CLEMENTINE M  
**Address:** 1417 SADLER RD.  
**City-St-Zip:** AMELIA ISLAND, FL 32034 US

**ADDITIONS/CHANGES:**

**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: CLEMENTINE M. GIOVANNETTI

MGR

09/30/2009

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