

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000045310

Entity Name: VINECREST INVESTMENTS LLC

FILED  
Oct 22, 2008  
Secretary of State

## Current Principal Place of Business:

455 DOUGLAS AVE  
2155-32  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

724 MUIRFIELD CIRCLE  
APOPKA, FL 32712

## Current Mailing Address:

455 DOUGLAS AVE  
2155-32  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

724 MUIRFIELD CIRCLE  
APOPKA, FL 32712

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

ROGERO, DE ANNA  
455 DOUGLAS AVE  
2155-32  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

ROGERO, DE ANNA  
724 MUIRFIELD CIRCLE  
APOPKA, FL 32712 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: DE ANNA ROGERO

10/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROGERO, DE ANNA  
Address: 455 DOUGLAS #2155-32  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROGERO, DE ANNA  
Address: 724 MUIRFIELD CIRCLE  
City-St-Zip: APOPKA, FL 32712

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: DE ANNA ROGERO

MGR

10/22/2008

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