2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 04, 2008
Secretary of State

DOCUMENT# L07000045718

Entity Name: ALKHALIFA CAPITAL CORPORATION LLC

Current Principal Place of Business:

999 STINSON WAY
SUITE 301
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

999 STINSON WAY
SUITE 301
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

SULAIMAN, BIN
999 STINSON WAY
SUITE 301
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

SALMONSON, CHRIS
999 STINSON WAY
SUITE 301
WEST PALM BEACH, FL 33411 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: CHRIS SALMONSON 10/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALKHALIFA, ISA MOHAMMED
Address: 999 STINSON WAY, SUITE 301
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SALMONSON, CHRIS
Address: 999 STINSON WAY, SUITE 301
City-St-Zip: WEST PALM BEACH, FL 33411

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: CHRIS SALMONSON MGRM 10/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date