

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000048350

Entity Name: MGA LLC

FILED
Oct 06, 2009
Secretary of State

Current Principal Place of Business:

9501 BRANDYWINE LANE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

9501 BRANDYWINE LANE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 26-0184620 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:

HAQ, ATAUL
9501 BRANDYWINE LN
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

HAQ, ATAUL
9501 BRANDYWINE LANE
PORT SAINT LUCIE, FL 34986 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: ATAUL HAQ

10/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAQ, ATAUL
Address: 9501 BRANDYWINE LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM (X) Delete
Name: SWATDISUK, SUEBSAKOL
Address: 1320 N WAYNE ST #408
City-St-Zip: ARLINGTON, VA 22201

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAQ, ATAUL
Address: 8248 MULLIGAN CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: ATAUL HAQ

MGRM

10/06/2009

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