

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000062849

FILED  
Sep 22, 2009  
Secretary of State

Entity Name: FIDIA HOLDINGS LLC

**Current Principal Place of Business:**

2015 REANEY RD  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8942  
LAKELAND, FL 33806 US

**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:**

KIRVEN III, LEO E  
6700 S. FLORIDA AVE  
SUITE 25  
LAKELAND, FL 33813 US

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL 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: TINA MAKI, PRESIDENT

09/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KIRVEN III, LEO E  
Address: P.O. BOX 8942  
City-St-Zip: LAKELAND, FL 33806 US

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: WOODS, ALLYSON K  
Address: P.O. BOX 8942  
City-St-Zip: LAKELAND, FL 33806

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: LEO E KIRVEN III

MGRM

09/22/2009

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