

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000064616

FILED
Jan 06, 2010
Secretary of State

Entity Name: TRAFALGAR INVESTMENTS LLC

Current Principal Place of Business:

501 N. ORLANDO AVE
SUITE 313 PMB 222
WINTER PARK, FL 32789

New Principal Place of Business:

501 N. ORLANDO AVE
SUITE 313 PMB 221
WINTER PARK, FL 32789

Current Mailing Address:

501 N. ORLANDO AVE
SUITE 313 PMB 222
WINTER PARK, FL 32789

New Mailing Address:

302 GRANADA DRIVE
WINTER PARK, FL 32789

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

GRACIA, DANIEL MR.
117 E. AMELIA
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BIZHUB OF ORLANDO
2816 E. ROBINSON STREET
ORLANDO, FL 32803 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: DANIEL GRACIA

01/06/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NEWWALL ENTERPISES
Address: 501 N. ORLANDO AVE STE 313 PMB 221
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM
Name: APARICIO, ROSA MRS.
Address: 1932 POINSETTA LANE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM
Name: WOLZ, WAYNE MR.
Address: 17901 W. ATSHAWA
City-St-Zip: CLERMONT, FL 34715

Title: MGRM
Name: HILL, MARGARET MRS.
Address: 1526 MUIR CIRCLE
City-St-Zip: CLERMONT, FL 34711

I hereby 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: DANIEL GRACIA

MGRM

01/06/2010

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