

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000065147

Entity Name: SOUTH VALLEY LLC

FILED
Oct 23, 2008
Secretary of State

Current Principal Place of Business:

14748 HORSESHOE TRACE
WELLINGTON, FL 33467

New Principal Place of Business:

14748 HORSESHOE TRACE
WELLINGTON, FL 33414

Current Mailing Address:

14748 HORSESHOE TRACE
WELLINGTON, FL 33467

New Mailing Address:

14748 HORSESHOE TRACE
WELLINGTON, FL 33414

FEI Number: 26-0400419 FEI Number Applied For () 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:

VALLE FERRARESE, AYRTON FRANCIS
14748 HORSESHOE TRACE
WELLINGTON, FL 33467 US

Name and Address of New Registered Agent:

VALLE FERRARESE, AYRTON FRANCIS
14748 HORSESHOE TRACE
WELLINGTON, FL 33414 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: AYRTON VALLE FERRARESE

10/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALLE FERRARESE, AYRTON F
Address: 14748 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALLE FERRARESE, AYRTON F
Address: 14748 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

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: AYRTON VALLE FERRARESE

MR

10/23/2008

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