2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000070657 1. Entity Name AULETTA CREATIONS, LLC							FILED 2009 MAR - 3 PM 2: 39					
Principal Place of Business 1 BALFOUR ROAD EAST PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US Halling Address 1 BALFOUR ROAD EAST PALM BEACH GARDENS, FL					3418 U	s	1 (21)(£\$() 1	SECRET TALLAHA	ARY OF	STATE LORID/		
2. Principal P 1200 Fi	ace of Busir Lfth Aver	ness - No P.O. Box # nue South	3. Mailing Address 1200 Fifth Avenue South									
Suite, Apt. #101	#, etc.		Suite, Apt. #, etc. #101				02162009	REIN-LLC	CR2E10	1 (1/07)		
City & State Naples, FL			City & State Naples, FL				4. FEI Numb 26-05	per 83855			Applicable	
Zip 34102		Country USA	Zip Coun 34102 USA					e of Status Desired	Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name Judith A. Thomas - DUNN						
THOMAS, JUDITH A 1 BALFOUR ROAD EAST					Street Address (P.O. Box Number is Not Acceptable)							
PALM BEA	ACH GAR	DENS, FL 33418		1200 Fifth Avenue South, #101								
							Naples FL Zip Code			34102		
8. 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. I am familiar with, and accept the obligations of registered agent.											and accept	
SIGNATURE Signature of trained name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when refrectating) DATE												
FILE NOW!!! FEE IS(\$277.50) In accordance with s. 6 liability company did not									e check pay Departmen			
9.	Title and a	MANAGING MEMBER		10.		MGRM		ADDITIONS				
NAME STREET ADDRESS	THOMAS, JUDITH A				.E AE EET ADDRESS	THOMAS-DUNN, JUDITH A.						
CITY-ST-ZIP					Y-ST-ZIP		es, FL 3					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete DUNN, KEVIN T 1 BALFOUR ROAD EAST PALM BEACH GARDENS, FL 33418				.E Me Eet address Y-St-Zip	Duni 120	MGRM Change Addth Dunn, Kevin T. 1200 Fifth Avenue South, #101 Naples, FL 34102					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete				02/2	989-AA	435C	☐ Change 1 1 ☐ **277	□ Addition . SÜ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R	EINSTA	remen				•		ſ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** **SIGNATURE:** **DIAMO AKA AWA AWA AWA AWA AWA AWA AWA AWA AWA												
	"SIGNATURE	TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER IN	MAGER, O	R AUTHORIZEE	REPRESE	NTATIVE	/ D / ito	Dayt	ime Phone #		