

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000092534

FILED
Mar 19, 2010
Secretary of State

Entity Name: MEMORIA GLASS ART, LLC

Current Principal Place of Business:

11764 MARCO BEACH DR.
SUITE 3
JACKSONVILLE, FL 32224

New Principal Place of Business:

3050 PRESCOTT FALLS
JACKSONVILLE, FL 32224

Current Mailing Address:

11764 MARCO BEACH DR.
SUITE 3
JACKSONVILLE, FL 32224

New Mailing Address:

3050 PRESCOTT FALLS
JACKSONVILLE, FL 32224

FEI Number: 39-2062310 **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:

SNIPES, ANTHONY
2220 CR 210 W
SUITE #108-128
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

BOHREN, JEAN
3050 PRESCOTT FALLS
JACKSONVILLE, FL 32224 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: JEAN BOHREN

03/19/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SNIPES, ANTHONY
Address: 2220 CR 210 W SUITE 108-128
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: SNIPES, SAMANTHA
Address: 2220 CR 210 W SUITE 108-128
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: BOHREN, WILLIAM
Address: 3050 PRESCOTT FALLS DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM
Name: BOHREN, JEAN
Address: 3050 PRESCOTT FALLS DR
City-St-Zip: JACKSONVILLE, FL 32224

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: JEAN BOHREN

MP

03/19/2010

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