

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000092627

FILED
Oct 28, 2008
Secretary of State

Entity Name: MYCONOMICS, LLC

Current Principal Place of Business:

501 SANDY CREEK DR.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

501 SANDY CREEK DR.
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-1562835 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:

Name and Address of New Registered Agent:

KEITH, W. C.
1722 STAYSAIL DR.
VALRICO, FL 33594 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: W.C.KEITH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUE, CHOJ
Address: 501 SANDY CREEK DR.
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: KUE, VANG NENG
Address: 6341 COURTLAND DR.
City-St-Zip: CANTON, MI 48187

Title: MGRM () Delete
Name: YANG, BEAUJEOIS
Address: 9954 STOCKBRIDGE DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

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

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

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

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: CHOJ KUE

MGR

10/28/2008

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