

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000093157

Entity Name: O-TOWN CUSTOMS, LLC

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

500 SOUTH FLORIDA AVE., SUITE 700
LAKELAND, FL 33801

New Principal Place of Business:

500 SOUTH FLORIDA AVE., SUITE 715
LAKELAND, FL 33801

Current Mailing Address:

500 SOUTH FLORIDA AVE., SUITE 700
LAKELAND, FL 33801

New Mailing Address:

500 SOUTH FLORIDA AVE., SUITE 715
LAKELAND, FL 33801

FEI Number: 74-3235903 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:

MCFARLANE, PETER A
500 SOUTH FLORIDA AVE., SUITE 700
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

MCFARLANE, PETER A
500 SOUTH FLORIDA AVE., SUITE 715
LAKELAND, FL 33801 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: PETER A. MCFARLANE

09/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCFARLANE, JEFF
Address: 500 SOUTH FLORIDA AVE., SUITE 700
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCFARLANE, JEFF
Address: 500 SOUTH FLORIDA AVE., SUITE 715
City-St-Zip: LAKELAND, FL 33801

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: JEFF MCFARLANE

MGRM

09/29/2009

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