2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# L07000096206

Entity Name: MST COMPUTERS, LLC.

Current Principal Place of Business:

13812 FOLKSTONE CIR
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13812 FOLKSTONE CIR
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-1490824 **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:

RIVARD, KIMBERLY B
13812 FOLKSTONE CIR
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

GRINER, KIMBERLY B
13812 FOLKSTONE CIR
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: KIMBERLY GRINER 10/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRINER, ALVIN M
Address: 13812 FOLKSTONE CIR
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete
Name: RIVARD, KIMBERLY B
Address: 13812 FOLKSTONE CIR.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: GRINER, KIMBERLY B
Address: 13812 FOLKSTONE CIR.
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: ALVIN GRINER MGR 10/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date