

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000096292

Entity Name: SOULS EDGE, LLC

FILED  
Aug 18, 2009  
Secretary of State

## Current Principal Place of Business:

716 32ND STREET  
ORLANDO, FL 32805

## New Principal Place of Business:

380 S. SR 434  
#1004-187  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

716 32ND STREET  
ORLANDO, FL 32805

## New Mailing Address:

380 S. SR 434  
#1004-187  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-1101654      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:

CAMPBELL, TERESA L  
716 32ND STREET  
ORLANDO, FL 32805      US

## Name and Address of New Registered Agent:

CAMPBELL, TERESA L  
380 S. SR 434  
ALTAMONTE SPRINGS, FL 32714      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: TERESA L. CAMPBELL

08/18/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: CAMPBELL, TERESA L  
Address: 716 32ND STREET  
City-St-Zip: ORLANDO, FL 32805

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: CAMPBELL, TERESA L  
Address: 380 S. SR 434  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: TERESA L. CAMPBELL

MGR

08/18/2009

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