2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 13, 2008
Secretary of State

DOCUMENT# L07000098376

Entity Name: SUPREMACY 101 LLC

Current Principal Place of Business:

1140 NE 163 ST
SUITE 20 PMB 203
NMB, FL 33162

New Principal Place of Business:

Current Mailing Address:

1140 NE 163 ST
SUITE 20 PMB 203
NMB, FL 33162

New Mailing Address:

FEI Number: 75-3254612 **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:

RIOU, SANTONIO A
1140 NE 163 ST
SUITE 20 PMB 203
NMB, FL 33162 US

Name and Address of New Registered Agent:

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: SANTONIO A RIOU

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RIOU, SANTONIO A
Address: 1140 NE 163 ST # 20 PMB 203
City-St-Zip: NMB, FL 33162

Title: MGRM ( ) Delete
Name: BENDER, ALONDRA M
Address: 1140 NE 163 ST #20 PMB 203
City-St-Zip: NMB, FL 33162

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RIOU, SANTONIO A
Address: 1140 NE 163ST SUITE 20 PMB 203
City-St-Zip: NMB, FL 33162

Title: MGR (X) Change ( ) Addition
Name: RIOU, SANTONIO A
Address: 1140 NE 163 ST SUITE 20 PMB 203
City-St-Zip: NMB, FL 33162

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: SANTONIO RIOU MGR 11/13/2008

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