2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L07000105352

Entity Name: MAXIMUM CONNECTIONS, LLC

Current Principal Place of Business:

450-106 STATE ROAD 13 NORTH
#238
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

450-106 STATE ROAD 13 NORTH
#238
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 26-1239473 **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:

PERSONS, ROBERT B JR.
2215 SOUTH 3RD STREET, SUITE 101
JACKSONVILLE BEACH, FL 32250 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: ROBERT PERSONS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GIOVANNIELLO, ROBERT
Address: 871 SOUTHERN CREEK DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete
Name: MACE, DARREN
Address: 48 JACKSON AVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

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: DARREN MACE MGRM 01/26/2009

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