2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 26, 2008
Secretary of State

DOCUMENT# L07000109320

Entity Name: BEAN DIP DESIGN LLC

Current Principal Place of Business:

106 MARSHALL CIRCLE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

106 MARSHALL CIRCLE
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-1316561 **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:

SMELTZER, WILLIAM
41 MENENDEZ ROAD
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

SMELTZER, WILLIAM
505 SUGAR PINE COURT
ST AUGUSTINE, FL 32080 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: WILLIAM SMELTZER 11/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMELTZER, WILLIAM
Address: 41 MENENDEZ ROAD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR ( ) Delete
Name: RUSSELL, JAMES
Address: 5025 SHORE DR
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMELTZER, WILLIAM
Address: 505 SUGAR PINE COURT
City-St-Zip: ST AUGUSTINE, FL 32080

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: WILLIAM SMELTZER MGR 11/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date