

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000112380

Entity Name: NADAJEM, LLC.

FILED  
Oct 20, 2009  
Secretary of State

## Current Principal Place of Business:

3259 SOUTH JOHN YOUNG PWY  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

3888 SHOREVIEW DRIVE  
KISSIMMEE, FL 34744

## New Mailing Address:

3219 EAGLE WATCH DR.  
KISSIMMEE, FL 34746

FEI Number: 26-1373514      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:

MARTINEZ, RAFAEL  
3888 SHOREVIEW DRIVE  
KISSIMMEE, FL 34744      US

## Name and Address of New Registered Agent:

MARTINEZ, RAFAEL  
3219 EAGLE WATCH DR.  
KISSIMMEE, FL 34746      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: RAFAEL MARTINEZ

10/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MARTINEZ, RAFAEL  
Address: 3888 SHOREVIEW DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM ( ) Delete  
Name: MARTINEZ, NANCY  
Address: 3888 SHOREVIEW DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, RAFAEL  
Address: 3219 EAGLE WATCH DR.  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, NANCY  
Address: 3219 EAGLE WATCH DR.  
City-St-Zip: KISSIMMEE, FL 34746

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: RAFAEL MARTINEZ

OWNE

10/20/2009

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