

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000113350

Entity Name: MULHALL HOLDINGS, LLC

FILED
Dec 15, 2009
Secretary of State

Current Principal Place of Business:

555 WINDERLEY PLACE
SUITE 415
MAITLAND, FL 32751 US

New Principal Place of Business:

322 E CENTRAL BLVD
SUITE 807
ORLANDO, FL 32801 US

Current Mailing Address:

555 WINDERLEY PLACE
SUITE 415
MAITLAND, FL 32751 US

New Mailing Address:

322 E. CENTRAL BLVD.
#807
ORLANDO, FL 32801 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

MULHALL, MICHAEL J
322 E. CENTRAL BLVD.
#807
ORLANDO, FL 32801 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: MICHAEL J. MULHALL

12/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MULHALL, MICHAEL
Address: 555 WINDERLEY PLACE, SUITE 415
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MULHALL, MICHAEL
Address: 322 E. CENTRAL BLVD., #807
City-St-Zip: ORLANDO, FL 32801 US

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: MICHAEL J. MULHALL

MGR

12/15/2009

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