## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000116164

Entity Name: ALCHEMY ENTERPRISES, LLC

235 APOLLO BEACH BLVD., #401

APOLLO BEACH, FL 33572

Address:

City-St-Zip:

FILED Oct 30, 2008 Secretary of State

10/30/2008

**Current Principal Place of Business: New Principal Place of Business:** 235 APOLLO BEACH BLVD. 401 APOLLO BEACH, FL 33572 **New Mailing Address: Current Mailing Address:** 235 APOLLO BEACH BLVD. 401 APOLLO BEACH, FL 33572 FEI Number: 74-3245253 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: Name and Address of New Registered Agent: COOPER, CHRISTOPHER B 235 APOLLO BEACH BLVD. 401 APOLLO BEACH, FL 33572 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: CHRISTOPHER B. COOPER Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COOPER, DEBORAH Name: Name: 235 APOLLO BEACH BLVD., #401 Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition OLIVEIRA, JOHN J Name: Name: Address: 235 APOLLO BEACH BLVD., #401 Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WAGES, VERONICA M Name: Name: 235 APOLLO BEACH BLVD., #401 Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: WAGES, ANTHONY W Name: Address: 235 APOLLO BEACH BLVD., #401 Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WAGES, ROBERT C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER B. COOPER RA