

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000120339

**FILED**  
**Nov 18, 2008**  
**Secretary of State**

**Entity Name:** EUROPEAN II, LLC

**Current Principal Place of Business:**

18652 AVENUE CAPRI  
LUTZ, FL 33558

**New Principal Place of Business:**

8610 66TH STREET  
PINELLAS PARK, FL 33782 US

**Current Mailing Address:**

18652 AVENUE CAPRI  
LUTZ, FL 33558

**New Mailing Address:**

8610 66TH STREET  
PINELLAS PARK, FL 33782 US

**FEI Number:** 26-2027670      **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:**

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

ELLIS, MARK W  
18652 AVENUE CAPRI  
LUTZ, FL 33558 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: MARK W ELLIS

11/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELLIS, MARK W  
Address: 18652 AVENUE CAPRI  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES:**

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: MARK W ELLIS

MGRM

11/18/2008

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