

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000126358

FILED
Jan 18, 2009
Secretary of State

Entity Name: FEED THE FUND LLC

Current Principal Place of Business:

495 STAN DR
SUITE 108
MELBOURNE, FL 32941 US

New Principal Place of Business:

3740 BRENNAN DRIVE
MELBOURNE, FL 32934 US

Current Mailing Address:

495 STAN DR
SUITE 108
MELBOURNE, FL 32941 US

New Mailing Address:

3740 BRENNAN DRIVE
MELBOURNE, FL 32934 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:

Name and Address of New Registered Agent:

DOCKENDORF, ANNEMARIE V
3740 BRENNAN DRIVE
MELBOURNE, FL 32934 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: ANNEMARIE DOCKENDORF

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DOCKENDORF, ANNEMARIE V
Address: 3740 BRENNAN DRIVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DOCKENDORF, KIRK P
Address: 3740 BRENNAN DRIVE
City-St-Zip: MELBOURNE, FL 32934

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: ANNEMARIE DOCKENDORF

MGMR

01/18/2009

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