

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000000075

FILED
Jan 28, 2009
Secretary of State

Entity Name: VIEW FROM 8, LLC

Current Principal Place of Business:

411 N. DONNELLY ST.
308
MOUNT DORA, FL 32757

New Principal Place of Business:

111 E. MYRTLE ST.
HOWEY-IN-THE-HILLS, FL 34737

Current Mailing Address:

411 N. DONNELLY ST.
308
MOUNT DORA, FL 32757

New Mailing Address:

111 E. MYRTLE ST.
HOWEY-IN-THE-HILLS, FL 34737

FEI Number: 92-0182901 **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:

VIOLETTE, MICHELLE M
411 N. DONNELLY ST.
308
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

VIOLETTE, MICHELLE M
111 E. MYRTLE ST.
HOWEY-IN-THE-HILLS, FL 34737 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: MICHELLE M. VIOLETTE

01/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VIOLETTE, MICHELLE M
Address: 411 N. DONNELLY ST.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VIOLETTE, MICHELLE M
Address: 111 E. MYRTLE ST.
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

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: MICHELLE M. VIOLETTE

MGR

01/28/2009

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