## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000000595

Entity Name: OFFICE DIVVY LLC

FILED Oct 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

389 PALM COAST PKWY 389 PALM COAST PKWY SW

UNIT#4 SUITE 4

PALM COAST, FL 32137 PALM COAST, FL 32137

**New Mailing Address: Current Mailing Address:** 

389 PALM COAST PKWY 389 PALM COAST PKWY SW SUITE 4 UNIT#4

PALM COAST, FL 32137 PALM COAST, FL 32137

FEI Number: 26-1655401 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:

EKINCI, KAYHAN EKINCI, KAYHAN 283 WELLINGTON DR 389 PALM COAST PKWY SW

PALM COAST, FL 32164 US SUITE 4 PALM COAST, FL 32137 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: KAYHAN EKINCI 10/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: MGR () Delete (X) Change ( ) Addition

TAING, SIM Name: TAING, SIM Name: Address: 389 PALM COAST PKWY Address: 389 PALM COAST PKWY SW SUITE 4

PALM COAST, FL 32137 PALM COAST, FL 32137

City-St-Zip: City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: EKINCI, KAYHAN Name: EKINCI, KAYHAN

Address: 283 WELLINGTON DR Address: 389 PALM COAST PKWY SW SUITE 4

City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete Title: MGR (X) Change ( ) Addition

EKINCI, LISA Name: EKINCI, LISA Name:

28 WELLINGTON DR 389 PALM COAST PKWY SW SUITE 4 Address: Address:

City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32137

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: KAYHAN EKINCI 10/15/2009