## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000007533

City-St-Zip: JACKSONVILLE, FL 32205

Entity Name: PEACHA ROSE PRODUCTIONS, LLC

FILED Nov 02, 2009 Secretary of State

| Current F                   | Principal Place of Business:   | New Principal Place of Business:   | New Principal Place of Business: |  |
|-----------------------------|--|--|----------------------------------|--|
|                             | ERSIDE AVENUE<br>NVILLE, FL 32205  |  |                                  |  |
| Current Mailing Address:    |  | New Mailing Address:   |                                  |  |
|                             | ERSIDE AVENUE<br>NVILLE, FL 32205  |  |                                  |  |
| In accorda                  | r: 61-1554356 FEI Number Applied For (<br>nce with s. 607.193(2)(b), F.S., the limited liabili<br>d Address of Current Registered Ager | y company did not receive the prior notice.                              |                                  |  |
| 554 LOM/                    | A BUSINESS SERVICES, LLC<br>AX STREET<br>NVILLE, FL 32204 US   |  |                                  |  |
|                             | e named entity submits this statement for<br>te of Florida.  | the purpose of changing its registered office or registered agent, or bo | th                               |  |
| SIGNATU                     | JRE: CONTEGA BUSINESS SERVICES   | LLC  |                                  |  |
|                             | Electronic Signature of Registere  | d Agent Date   | _                                |  |
| MANAGING MEMBERS/MANAGERS:  |  | ADDITIONS/CHANGES:   |                                  |  |
| Title:<br>Name:<br>Address: | MS. ( ) Delete<br>MCGOVERN, CAROLYN P MGR<br>3634 RIVERSIDE AVE  | 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: C MCGOVERN MGR 11/02/2009