

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000027584

FILED
Oct 19, 2009
Secretary of State

Entity Name: TOP DOG MARTIAL ARTS LLC

Current Principal Place of Business:

1014 WALT WILLIAMS RD
LAKELAND, FL 33809 US

New Principal Place of Business:

Current Mailing Address:

1014 WALT WILLIAMS RD
LAKELAND, FL 33809 US

New Mailing Address:

FEI Number: 26-2177217 **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:

SANTOS, RAFAEL
1014 WALT WILLIAMS RD
LAKELAND, FL 33809 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: RAFAEL SANTOS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOS SANTOS, RAFAEL F
Address: 8182 WESTMONT DR
City-St-Zip: LAKELAND, FL 33810 US

Title: MGR () Delete
Name: NUNES, NORBERTO D
Address: 8182 WESTMONT AVE
City-St-Zip: LAKELAND, FL 33810 US

Title: MGRM () Delete
Name: BETTENCOURT, KALA
Address: 8182 WEST MONT AVE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

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

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

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: RAFAEL SANTOS

MGR

10/19/2009

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