

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000040116

Entity Name: SCRATCH PAD, LLC

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

19 CORAL REEF COURT NORTH
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

138 PALM COAST PARKWAY STE 105
PALM COAST, FL 32137

New Mailing Address:

138 PALM COAST PARKWAY STE 105
105
PALM COAST, FL 32137

FEI Number: 26-2441511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HICKS, TRACEY Y
19 CORAL REEF COURT NORTH
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

HICKS, TRACEY Y
138 PALM COAST PARKWAY
105
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: TRACEY HICKS

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HICKS, TRACEY Y
Address: 138 PALM COAST PARKWAY STE 105
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM () Delete
Name: GARRIS, CHRISTOPHER
Address: 2067 CANADA FALLS
City-St-Zip: LITHONIA, GA 30058

ADDITIONS/CHANGES:

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: TRACEY HICKS

MGR

10/08/2009

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