2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# L08000044880

Entity Name: ODYSSEY LLC

Current Principal Place of Business:

3740 ST JOHNS BLUFF RD S
8
JACKSONVILLE, FL 32224

New Principal Place of Business:

2449 FALLEN TREE DR E
JACKSONVILLE, FL 32246

Current Mailing Address:

3740 ST JOHNS BLUFF RD S
8
JACKSONVILLE, FL 32224

New Mailing Address:

2449 FALLEN TREE DR E
JACKSONVILLE, FL 32246

FEI Number: 80-0180737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVAGE, HOWARD W II
3740 ST JOHNS BLUFF RD S
8
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SAVAGE, HOWARD W II
2449 FALLEN TREE DR E
JACKSONVILLE, FL 32246 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: HOWARD W SAVAGE II 10/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SAVAGE, HOWARD W II
Address: 3740 ST JOHNS BLUFF RD S STE 8
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

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: HOWARD W SAVAGE II MGR 10/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date