

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000045329

Entity Name: E320 LLC

FILED  
Oct 13, 2009  
Secretary of State

**Current Principal Place of Business:**

601 OLD HICKORY BLVD.  
31  
BRENTWOOD, TN 37027 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 OLD HICKORY BLVD.  
31  
BRENTWOOD, TN 37027 US

**New Mailing Address:**

FEI Number: 26-2656473      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:**

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: TANIA LEMUS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEMRAU, SUE  
Address: 601 OLD HICKORY BLVD. #31  
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGRM ( ) Delete  
Name: ALCORN, NANCY  
Address: 601 OLD HICKORY BLVD. #31  
City-St-Zip: BRENTWOOD, TN 37027 US

**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: NANCY ALCORN

MGRM

10/13/2009

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