# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 02, 2009**
**Secretary of State**

DOCUMENT# L08000047490

**Entity Name:** PROMETHEUS ONE, LLC

**Current Principal Place of Business:**

573 NW FAIRFAX AVE
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

573 NW FAIRFAX AVE
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number: 80-0461781** **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:**

HARRACKSINGH, CLIVE D JR
573 NW FAIRFAX AVE
PORT ST. LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

HARRACKSINGH, CLIVE D JR
573 N.W FAIRFAX AVE
PORT ST. LUCIE, FL 34983 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: CLIVE D HARRACKSINGH 10/02/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition
Name: HARRACKSINGH, CLIVE D JR
Address: 573 N.W FAIRFAX AVE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: CLIVE D HARRACKSINGH MR. 10/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date