

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000062905

FILED
Oct 23, 2009
Secretary of State

Entity Name: BYANBE L.L.C.

Current Principal Place of Business:

687 ALDERMAN ROAD
SUITE 204
PALM HARBOR, FL 34683

New Principal Place of Business:

687 ALDERMAN ROAD
SUITE 232
PALM HARBOR, FL 34683

Current Mailing Address:

687 ALDERMAN ROAD
SUITE 204
PALM HARBOR, FL 34683

New Mailing Address:

687 ALDERMAN ROAD
SUITE 232
PALM HARBOR, FL 34683

FEI Number: 26-2883059 **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:

FREEMAN, JAMES W JR
687 ALDERMAN ROAD
SUITE 204
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

FREEMAN, JAMES W JR
28100 US HWY 19 N
SUITE 408
CLEARWATER, FL 33761 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: JAMES W FREEMAN, JR

10/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOKBENGBOON, GINO
Address: 687 ALDERMAN ROAD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOKBENGBOON, GINO
Address: 687 ALDERMAN ROAD STE 232
City-St-Zip: PALM HARBOR, FL 34683

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: GINO JOKBENGBOON

MGR

10/23/2009

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