2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# L08000069826

Entity Name: VILLA FRATELLI, LLC

Current Principal Place of Business:

1413-KASS CIRCLE
SPRING HILL, FL 34606

New Principal Place of Business:

11077 SPRING HILL DRIVE
SPRING HILL, FL 34606

Current Mailing Address:

1413-KASS CIRCLE
SPRING HILL, FL 34606

New Mailing Address:

11077 SPRING HILL DRIVE
SPRING HILL, FL 34606

FEI Number: **FEI Number Applied For (X)** **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:

SANTACROCE, NICKY J
14520 TAREVES DRIVE
HUDSON, FL US

Name and Address of New Registered Agent:

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: NICKY J SANTACROCE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SANTACROCE, NICKY J
Address: 1413-KASS CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM (X) Delete
Name: SANTACROCE, JOSEPHINE A
Address: 1413-KASS CIRCLE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANTACROCE, NICKY J
Address: 11077 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

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: NICKY J SANTACROCE MANG 10/14/2009

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