

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000083866

Entity Name: ALL CONNECTIONS LLC

FILED  
Oct 05, 2009  
Secretary of State

## Current Principal Place of Business:

943 OLD BARN RD  
ORLANDO, FL 32825 US

## New Principal Place of Business:

10959 DYLAN LOREN CIR  
SUITE A  
ORLANDO, FL 32825 US

## Current Mailing Address:

943 OLD BARN RD  
ORLANDO, FL 32825 US

## New Mailing Address:

10959 DYLAN LOREN CIR  
SUITE A  
ORLANDO, FL 32825 US

FEI Number: 26-3364373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

LIRIANO, WITHMAN A  
943 OLD BARN RD  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

LIRIANO, WITHMAN A  
10959 DYLAN LOREN CIR  
SUITE A  
ORLANDO, FL 32825 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: WITHMAN LIRIANO

10/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LIRIANO, WITHMAN A  
Address: 943 OLD BARN RD  
City-St-Zip: ORLANDO, FL 32825 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LIRIANO, WITHMAN A  
Address: 10959 DYLAN LOREN CIR STE A  
City-St-Zip: ORLANDO, FL 32825 US

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: WTIHMAN LIRIANO

MGR

10/05/2009

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