

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000084945

FILED
Oct 13, 2009
Secretary of State

Entity Name: CHOCOLATE RASPBERRY STUDIO, LLC

Current Principal Place of Business:

5510 OHILIPS HWY STE 12
JACKSONVILLE, FL 32207

New Principal Place of Business:

5510 PHILIPS HWY STE 12
JACKSONVILLE, FL 32207

Current Mailing Address:

5510 OHILIPS HWY STE 12
JACKSONVILLE, FL 32207

New Mailing Address:

5510 PHILIPS HWY STE 12
JACKSONVILLE, FL 32207

FEI Number: 26-3344210 **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:

BELLE-ADDO, APRIL
5510 OHILIPS HWY STE 12
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

BELLE-ADDO, APRIL
5510 PHILIPS HWY STE 12
JACKSONVILLE, FL 32207 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: APRIL ADDO

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BELLE-ADDO, APRIL
Address: 5510 OHILIPS HWY STE 12
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BELLE-ADDO, APRIL
Address: 5510 PHILIPS HWY STE 12
City-St-Zip: JACKSONVILLE, FL 32207

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: APRIL ADDO

MGR

10/13/2009

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