2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 02, 2009
Secretary of State

DOCUMENT# L08000086660

Entity Name: MAJIC MUFFLER OF NORTH WEST FLORIDA

Current Principal Place of Business:

535 BOB SIKES BLVD.
FORT WALTONN BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

535 BOB SIKES BLVD.
FORT WALTONN BEACH, FL 32547

New Mailing Address:

FEI Number: 80-0261188 **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:

ELSAS, ROBERT L
435 CARDINAL AVE.
FORT WALTON BEACH, FL 23548 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: ROBERT L. ELSAS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ELSAS, ROBERT L
Address: 435 CARDINAL AVE.
City-St-Zip: FORT WALTON BEACH, FL 32548

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

ADDITIONS/CHANGES:

Title: MNGR (X) Change ( ) Addition
Name: ELSAS, ROBERT L
Address: 435 CARDINAL AVE.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MNGR ( ) Change (X) Addition
Name: PERRY, DANIEL
Address: 308 WOODROW STREET NE UNITA
City-St-Zip: FT WALTON BEACH, FL 32547 OK

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: ROBERT L ELSAS MNGR 11/02/2009

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