

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000090170

Entity Name: LBX GROUP, LLC

FILED  
Oct 13, 2009  
Secretary of State

## Current Principal Place of Business:

1037 JIB DR. #202  
ORLANDO, FL 32825 US

## New Principal Place of Business:

39 SYCAMORE LANE  
LEVITTOWN, NY 11756 US

## Current Mailing Address:

1037 JIB DR. #202  
ORLANDO, FL 32825 US

## New Mailing Address:

39 SYCAMORE LANE  
LEVITTOWN, NY 11756 US

FEI Number: 26-3418120      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:

THEARD, JOEL  
1037 JIB DR. #202  
ORLANDO, FL 32825 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: JOEL THEARD

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: THEARD, JOEL  
Address: 1037 JIB DR. #202  
City-St-Zip: ORLANDO, FL 32825 US

Title: MGRM ( ) Delete  
Name: MELIOS, THEOFANIS  
Address: 39 SYCAMORE LANE  
City-St-Zip: LEVITTOWN, NY 11756 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOEL THEARD

MGRM

10/13/2009

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