2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# L08000099487

Entity Name: IMPRESSION AGENCY, LLC

Current Principal Place of Business:

823 NORMANDY TRACE ROAD
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1904
TAMPA, FL 33601 US

New Mailing Address:

823 NORMANDY TRACE ROAD
TAMPA, FL 33602 US

FEI Number: 26-3581381 **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:

EDELSTEIN, LYNDSAY A
823 NORMANDY TRACE ROAD
TAMPA, FL 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: LYNDSAY EDELSTEIN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: EDELSTEIN, LYNDSAY A
Address: PO BOX 1904
City-St-Zip: TAMPA, FL 33601 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: EDELSTEIN, LYNDSAY A
Address: 823 NORMANDY TRACE ROAD
City-St-Zip: TAMPA, FL 33602 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: LYNDSAY EDELSTEIN P 10/05/2009

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