

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 13, 2009  
Secretary of State**

DOCUMENT# L08000102426

Entity Name: SWISS SCIENCES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

400 CLEVELAND ST, STE 800  
CLEARWATER, FL 33755 US

**Current Mailing Address:**

**New Mailing Address:**

PO BOX 694  
CLEARWATER, FL 33757

FEI Number: 26-3639575      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:**

**Name and Address of New Registered Agent:**

CARDONE, MONICA  
701 BAYVIEW DRIVE  
CLEARWATER, FL 33756 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: MONICA CARDONE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: CARDONE SOLUTIONS AND TECHNOLOGY, LLC  
Address: 701 BAYVIEW DR  
City-St-Zip: CLEARWATER, FL 33756 US

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: GARY CARDONE

MGMR

11/13/2009

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