

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000109240

Entity Name: HARAMBEE HERITAGE, LLC

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5851 TIMUQUANA RD  
STE 301  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5851 TIMUQUANA RD  
STE 301  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE PA  
50 N LAURA ST  
STE 2750  
JACKSONVILLE, FL 32202 US

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

DEMPS, SR., JOHN W MGR  
1650 ART MUSEUM DRIVE  
STE 11  
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: JOHN W. DEMPS, SR.

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ATLEE, KENYON  
Address: 5851 TIMUQUANA RD, STE 301  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR  
Name: DEMPS, SR., JOHN W  
Address: 1650 ART MUSEUM DRIVE, STE 11  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR  
Name: THUO, WAMBUGU  
Address: 38- 5TH STREET  
City-St-Zip: FORDS, NJ 08863

Title: MGR  
Name: NYAGAH, SIMON K  
Address: 1650 ART MUSEUM DRIVE, STE 11  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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: JOHN W. DEMPS, SR.

MGR

02/22/2010

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