

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000115119

Entity Name: INFINITI GROUP, LLC

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

14820 STONEBRIAR WAY
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

14820 STONEBRIAR WAY
ORLANDO, FL 32826

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

OTT, MARC
14820 STONEBRIAR WAY
ORLANDO, FL 32826 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: MARC OTT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OTT, MARC DC
Address: 14820 STONEBRIAR WAY
City-St-Zip: ORLANDO, FL 32826

Title: MGRM () Delete
Name: BERNS, JONATHAN DC
Address: 10534 PLANTATION BAY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: HINLEY, GERARD DC
Address: 954 CRESCENT BLVD.
City-St-Zip: GLEN ELLYN, IL 60137

ADDITIONS/CHANGES:

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

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: MARC OTT

MGR

10/12/2009

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