

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000044918

FILED
Dec 20, 2010
Secretary of State

Entity Name: ALPHA OMEGA COMBATIVES, LLC

Current Principal Place of Business:

1591 SE PORT SAINT LUCIE BLVD., SUITE D
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

474 NW LAKE WHITNEY PL.
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

1591 SE PORT SAINT LUCIE BLVD., SUITE D
PORT SAINT LUCIE, FL 34952

New Mailing Address:

474 NW LAKE WHITNEY PL.
PORT SAINT LUCIE, FL 34986

FEI Number: 27-0383945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, KURT
1591 SE PORT SAINT LUCIE BLVD., SUITE D
PORT SAINT LUCIE, FL 34952 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: KURT OWEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT
Name: OLSON, JAMES
Address: 1591 SE PORT SAINT LUCIE BLVD., SUITE D
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPS
Name: OWEN, KURT
Address: 1591 SE PORT SAINT LUCIE BLVD., SUITE D
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T
Name: CROSBY, LINDA JO
Address: 1591 SE PORT SAINT LUCIE BLVD., SUITE D
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: KURT OWEN

VPS

12/20/2010

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