

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000084155

Entity Name: SHARPENZ, LLC

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7900 GLADES ROAD  
SUITE 430  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

7900 GLADES ROAD  
SUITE 430  
BOCA RATON, FL 33434 US

**New Mailing Address:**

FEI Number: 27-0842481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KEMPER, ALICE  
7900 GLADES ROAD  
SUITE 430  
BOCA RATON, FL 33434 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: ALICE KEMPER

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KEMPER, ALICE  
Address: 7900 GLADES ROAD, SUITE 430  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGR  
Name: BLEEKE, NANCY  
Address: W155 S8003 FOXBORO CIRCLE  
City-St-Zip: MUSKEGO, WI 53150 US

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: ALICE KEMPER

MGR

10/05/2010

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