

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 NOV -6 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|---|---|--|--|---|
| DOCUMENT # L10000095957 | | | | | |
| 1. Entity Name WORLD VIBE LLC | | | | | |
| Principal Place of Business 1514 MYRTLE DRIVE TALLAHASSEE, FL 32301 | | Mailing Address 1514 MYRTLE DRIVE TALLAHASSEE, FL 32301 | | <i>MYL</i> | |
| 2. Principal Place of Business - No P.O. Box # 402 E Harrison St | | 3. Mailing Address 402 E Harrison St | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tallahassee, FL | | City & State Tallahassee, FL | | 4. FEI Number APPLIED FOR | |
| Zip 32301 | | Country USA | | Applied For Not Applicable | |
| Zip 32301 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FERMIN, DAVID 151 RIVERSINK ROAD CRAWFORDVILLE, FL 32327 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name Fermin, David | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 402 E Harrison St | | |
| | | | City Tallahassee | | FL |
| | | | Zip Code 32301 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>David Fermin</i> | | (NOTE: Registered Agent signature required when reinstating) | | DATE 11/6/12 | |
| Signature, typed or printed name of registered agent and title if applicable | | | | | |
| FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50 | | <i>MYL</i> | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FERMIN, DAVID 151 RIVERSINK ROAD CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Fermin, David 402 E Harrison St Tallahassee, FL 32301 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MCKOWN, RHODDY 1514 MYRTLE DRIVE TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FOXWELL, JEREMIAH 1514 MYRTLE DRIVE TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 500241559425 11/06/12--01012--010 ***238.75 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| REINSTATEMENT 2012 | | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>David Fermin</i> | | Date: <i>11/6/12</i> | | E-MAIL ADDRESS: <i>dmfermin@gmail.com</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | E-MAIL ADDRESS | |