


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		
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		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: <u>David Fermin</u> DATE: <u>11/6/12</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50			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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Fermin, David 402 E Harrison St Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCKOWN, RHODDY 1514 MYRTLE DRIVE TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOXWELL, JEREMIAH 1514 MYRTLE DRIVE TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition 500241559425 11/06/12--01012--010 ***238.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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: <u>David Fermin</u>			<u>11/6/12</u>		<u>dmfermin@gmail.com</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>E-MAIL ADDRESS</small>

REINSTATEMENT 2012