

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000127961

**Entity Name:** ECLIPSE IP LLC

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

115 NW 17TH STREET  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

115 NW 17TH STREET  
DELRAY BEACH, FL 33444

**New Mailing Address:**

370 EASTON RD  
HERMITAGE, PA 16148

**FEI Number:** 45-2868435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIRIANNI, PETE A III  
115 NW 17TH STREET  
DELRAY BEACH, FL 33444 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: PETE SIRIANNI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIRIANNI, PETE A III  
Address: 115 NW 17TH STREET  
City-St-Zip: DELRAY BEACH, FL 33444 PB

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: PETE SIRIANNI

MGR

01/23/2012

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