


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
05 JAN 26 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L99000001914</b>		
1. Entity Name ECOPHARM LLC		

Principal Place of Business 360 SOUTH SHORE DR SARASOTA, FL 34234 US	Mailing Address 12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934
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*RK*



2. Principal Place of Business SUITE 401 302 REGENT STREET LONDON W1H 3BB UNITED KINGDOM	3. Mailing Address 1220 N. Market St. Suite 804 Wilmington, DE 19801, USA
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01102005 REIN-LLC CR2E101 (6/04)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234
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7. Name and Address of New Registered Agent Florida Filing & Search Services 1333 North Duval Street Tallahassee, FL 32303 FL Zip Code
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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 *Rick Hodge, President* DATE 1/26/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$200.00**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAYNER, MARK R 39 PUSHKINSKA STR. #6 KIEV, UKRAINE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DICKSON, ANDREW 12 LESYA UKRAINK BLVAD. #37 KIEV, UKRAINE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400045440584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2004-2005**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Date 01/10/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

L99000001914

FLORIDA FILING & SEARCH SERVICES, INC.  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303  
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 01-26-05

NAME: ECOPHARM, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$200

RETURN:

RECEIVED  
05 JAN 26 AM 10:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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