

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000005996

Entity Name: PFENT HOLDINGS, LLC

FILED
Nov 20, 2006
Secretary of State

Current Principal Place of Business:

60 EAST SIMPSON AVENUE
JACKSON, WY 83001

New Principal Place of Business:

Current Mailing Address:

60 EAST SIMPSON AVENUE
JACKSON, WY 83001

New Mailing Address:

FEI Number: 20-3463506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

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: PARACORP INCORPORATED

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PFENT, DAVID
Address: 5992 SYPPRESS LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: PFENT, ELIZABETH
Address: 5992 SYPPRESS LANE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PFENT, DAVID J
Address: 5992 CYPRESS LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM (X) Change () Addition
Name: PFENT, ELIZABETH
Address: 5992 CYPRESS LANE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID J. PFENT

MGRM

11/20/2006

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