

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000003472

Entity Name: VECTOR RESOURCES LLC

**FILED**  
**Oct 26, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

104 19TH STREET  
BELLEAIR BEACH, FL 33786

**New Principal Place of Business:**

**Current Mailing Address:**

104 19TH STREET  
BELLEAIR BEACH, FL 33786

**New Mailing Address:**

FEI Number: 75-3196615      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:**

BOUNOS, MICHAEL  
104 19TH STREET  
BELLEAIR BEACH, FL 33786      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: MICHAEL BOUNOS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BOUNOS, MICHAEL  
Address: 104 19TH STREET  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM      ( ) Delete  
Name: BOUNOS, STELLA  
Address: 104 19TH STREET  
City-St-Zip: BELLEAIR BEACH, FL 33786

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STELLA BOUNOS

MGRM

10/26/2008

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