

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 16 AM 11:53

DOCUMENT # M07000004076

1. Entity Name
MELADON IX, LLC



Principal Place of Business
44121 HARRY BYRD HIGHWAY, SUITE 230
ASHBURN, VA 20147

Mailing Address
44121 HARRY BYRD HIGHWAY, SUITE 230
ASHBURN, VA 20147



2. Principal Place of Business - No P.O. Box #
44121 Harry Byrd Hwy.
Suite, Apt. #, etc.
Suite 230
City & State
Ashburn, VA
Zip
20147
Country
USA

3. Mailing Address
44121 Harry Byrd Hwy.
Suite, Apt. #, etc.
Suite 230
City & State
Ashburn, VA
Zip
20147
Country
USA

12012008 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-0199814
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD GOLDSTONE, P.A.
2717 WEST CYPRESS CREEK RD STE 800
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
Richard Goldstone, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2717 W. Cypress Creek Rd., Ste. 800
City
Fort Lauderdale
FL
Zip Code
33309

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
Richard Goldstone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODEN, DON 44121 HARRY BYRD HIGHWAY, SUITE 230 ASHBURN, VA 20147	<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
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	Registered Agent Richard Goldstone, P.A. 2717 W. Cypress Creek Rd. Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400139025294 12/15/08--01080--021 **138.75	<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
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

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:

[Signature]

703-129-9798