

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 OCT -6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M08000001232			
1. Entity Name TROY CAPITAL, LLC			
Principal Place of Business 2512 OCEAN FRONT DR LAS VEGAS, NV 89128		Mailing Address 2512 OCEAN FRONT DR LAS VEGAS, NV 89128	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7861 BLUEWATER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAS VEGAS, NEVADA	
Zip	Country	Zip	Country
89128	USA	89128	USA
6. Name and Address of Current Registered Agent FOELLER, SCOTT D HODGES, AVRUTIS & FOELLER, P.A. 889 N WASHINGTON BLVD SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name NRAI SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 2131 EXECUTIVE PARK DRIVE #4 City WESTON FL Zip Code 33331	
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 By: <i>Matt Thompson</i> Signature, typed or printed name of registered agent and title if applicable.		Matt Thompson, Assistant Secretary (NOTE: Registered Agent signature required when reinstating) 09/29/2009 DATE	
FILE NOW!!! FEE IS \$138.75 After January 1, 2010, 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUPUIS, TROY 2512 OCEAN FRONT DR LAS VEGAS, NV 89128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER TROY DUPUIS 7861 BLUEWATER LAS VEGAS, NV 89128 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPUIS, TROY 2512 OCEAN FRONT DR LAS VEGAS, NV 89128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TROY DUPUIS 7861 BLUEWATER LAS VEGAS, NV 89128 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT		000161334310 10/05/09--01054--014 ***143.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	09 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 <i>Troy Dupuis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		9/28/09 Date Daytime Phone #	

N. C. *Chapman* OCT - 7 2009