

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000004138

Entity Name: INTELLIFAB, LLC

FILED
Nov 27, 2009
Secretary of State

Current Principal Place of Business:

8205 COSNE ROAD
ODESSA, FL 33556

New Principal Place of Business:

5413 GINGER COVE DRIVE
SUITE H
TAMPA, FL 33436

Current Mailing Address:

8205 COSNE ROAD
ODESSA, FL 33556

New Mailing Address:

5413 GINGER COVE DRIVE
SUITE H
TAMPA, FL 33436

FEI Number: 26-1875049 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

INTELLICOM
5413 GINGER COVE DRIVE
SUITE H
TAMPA, FL 33634 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: SHAWN EPLING

11/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EPLING, SHAWN
Address: 8205 COSNE ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EPLING, SHAWN
Address: 5413 GINGER COVE DRIVE, SUITE H
City-St-Zip: TAMPA, FL 33634

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: SHAWN EPLING

OWNE

11/27/2009

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