
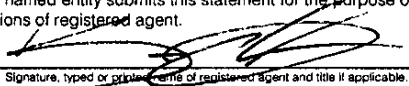



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:44

DOCUMENT # L03000052949			
1. Entity Name SEAN & NOELLE OAKMAN LLC			
Principal Place of Business 2914 W. ESTRELLA ST. APT#6 TAMPA, FL 33629 US		Mailing Address 2914 W. ESTRELLA ST. APT#6 TAMPA, FL 33629 US	
2. Principal Place of Business Suite, Apt. #, etc. 5610 HAWKLAKE RD LITHIA, FL		3. Mailing Address Suite, Apt. #, etc. 5610 HAWKLAKE RD LITHIA, FL	
Zip 33547-5801		Country US	
Zip 33547-5801		Country US	
4. FEI Number 20-0822488		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OAKMAN, SEAN A 2914 W. ESTRELLA ST. APT# 6 TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5610 HAWKLAKE ROAD City LITHIA FL Zip Code 33547-5801	
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 		SEAN A. OAKMAN, MGR <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 3/4/06		DATE	
FILE NOW!!! FEE IS \$100.00		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 OAKMAN, SEAN A 2914 W. ESTRELLA ST. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5610 HAWKLAKE ROAD LITHIA, FL 33547-5801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OAKMAN, NOELLE M 2914 W. ESTRELLA ST. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5610 HAWKLAKE ROAD LITHIA, FL 33547-5801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700069536757 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/05/06--01034--003 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 		SEAN A OAKMAN, MGR	
DATE 3/4/06		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		813-236-2760 813-679-4674 Daytime Phone #	