

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000037589

**FILED**  
**Nov 21, 2007**  
**Secretary of State**

**Entity Name:** STOVER 24, LLC

**Current Principal Place of Business:**

8300 SW 65 AVENUE #4  
MIAMI, FL 33143

**New Principal Place of Business:**

40 BREE COVE  
JACKSON, TN 38305

**Current Mailing Address:**

8300 SW 65 AVENUE #4  
MIAMI, FL 33143

**New Mailing Address:**

40 BREE COVE  
JACKSON, TN 38305

FEI Number: 56-2572451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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: AGENTS AND CORPORATIONS, INC.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STOVER, MATTHEW  
Address: 8300 SW 65 AVENUE #4  
City-St-Zip: MIAMI, FL 33143

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STOVER, MATTHEW  
Address: 40 BREE COVE  
City-St-Zip: JACKSON, TN 38305

Title: MGR ( ) Change (X) Addition  
Name: STOVER, WAYMAN J JR  
Address: 4611 JONATHAN CIRCLE  
City-St-Zip: SHELBY TOWNSHIP, MI 48317

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: MATTHEW STOVER

MGR

11/21/2007

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