

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000019922

Entity Name: LISTINGSTOGO, LLC

FILED
Nov 18, 2005
Secretary of State

Current Principal Place of Business:

7350 SOUTH TAMiami TRAIL, STE. 210
SARASOTA, FL 34231

New Principal Place of Business:

333 SOUTH TAMiami TRAIL
SUITE 283
SARASOTA, FL 34285

Current Mailing Address:

7350 SOUTH TAMiami TRAIL, STE. 210
SARASOTA, FL 34231

New Mailing Address:

333 SOUTH TAMiami TRAIL
SUITE 283
SARASOTA, FL 34285

FEI Number: 36-4481607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MILLER, HAROLD O
218 WOODLAND DR.
OSPREY, FL 34229 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: HAROLD O. MILLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, T. MASON
Address: 1514 PARK GLEN COURT
City-St-Zip: RESTON, VA 20190

Title: MGRM () Delete
Name: MILLER, HAROLD O
Address: 218 WOODLAND DR.
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: T. MASON MILLER

MGRM

11/18/2005

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