

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000002331

**FILED**  
**Oct 14, 2005**  
**Secretary of State**

**Entity Name:** STAVOLA PROPERTY, L.L.C.

**Current Principal Place of Business:**

4775 NW 44TH AVENUE  
OCALA, FL 34484

**New Principal Place of Business:**

4775 NW 44TH AVENUE  
OCALA, FL 34482

**Current Mailing Address:**

PO BOX 8  
ANTHONY, FL 32617

**New Mailing Address:**

4775 NW 44TH AVE  
OCALA, FL 34482

**FEI Number:** 80-0032815      **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:**

STAVOLA, ROBERT J  
10737 SE 108 TERR RD  
CANDLER, FL 32111 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: ROBERT J STAVOLA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STAVOLA, ROBERT J  
Address: 10737 SE 108 TERR RD  
City-St-Zip: CANDLER, FL 32111

**ADDITIONS/CHANGES:**

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: ROBERT J STAVOLA

PRES

10/14/2005

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