

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000035186

Entity Name: J. ROLAND LIEBER, PLLC

FILED  
Oct 28, 2008  
Secretary of State

## Current Principal Place of Business:

405 FIFTH AVENUE SOUTH  
SUITE 5  
NAPLES, FL 34102 US

## New Principal Place of Business:

## Current Mailing Address:

405 FIFTH AVENUE SOUTH  
SUITE 5  
NAPLES, FL 34102 US

## New Mailing Address:

FEI Number: 90-0145350      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:

RIBES, JOHN P  
405 FIFTH AVENUE SOUTH  
SUITE 5  
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: KAITLYN LEES

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RIBES, JOHN P  
Address: 405 FIFTH AVENUE SOUTH, SUITE 5  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: TINDELL, RICHARD T  
Address: 405 FIFTH AVENUE SOUTH, SUITE 5  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: EISELE, ANDREW D  
Address: 405 FIFTH AVENUE SOUTH, SUITE 5  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES:

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

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 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: KAITLYN LEES

OMAN

10/28/2008

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