

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000015243

**FILED**  
**Oct 25, 2006**  
**Secretary of State**

**Entity Name:** MAIN STREET CAPITAL, LLC

**Current Principal Place of Business:**

1500 BAYVIEW DRIVE  
SARASOTA, FL 34239

**New Principal Place of Business:**

766 S. OSPREY AVE  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 18027  
SARASOTA, FL 34276

**New Mailing Address:**

766 S. OSPREY AVE  
SARASOTA, FL 34236

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

VOIGT, STEPHEN F ESQ  
2042 BEE RIDGE RD.  
SARASOTA, FL 34239 US

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: STEPHEN F VOIGT, ESQ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOORE, WILLIAM B  
Address: 1500 BAYVIEW DR  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOORE, WILLIAM B  
Address: 766 S. OSPREY AVE  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM B. MOORE

MGMB

10/25/2006

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