

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000023015

Entity Name: STATHAS BUILDINGS LLC

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

12316 HOLLYBUSH TERRACE  
BRADENTON, FL 34202

**New Principal Place of Business:**

1800 LENA LANE  
SARASOTA, FL 34240

**Current Mailing Address:**

12316 HOLLYBUSH TERRACE  
BRADENTON, FL 34202

**New Mailing Address:**

1800 LENA LANE  
SARASOTA, FL 34240

FEI Number: 60-0004962      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:**

STATHAS, R.G.  
12316 HOLLYBUSH TERRACE  
BRADENTON, FL 34202    US

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

STATHAS, R.G.  
1800 LENA LANE  
SARASOTA, FL 34240    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: RG STATHAS

03/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: STATHAS, R.G.  
Address: 12316 HOLLYBUSH TERRACE  
City-St-Zip: BRADENTON, FL 34202

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: STATHAS, R.G.  
Address: 1800 LENA LANE  
City-St-Zip: SARASOTA, FL 34240

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: RG STATHAS

PRES

03/30/2007

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