

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000034982

Entity Name: COLLEGE SHOPS, LLC

**FILED**  
**Nov 06, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

ONE ASPEN DRIVE  
#85  
LOVELAND, CO 80538

**New Principal Place of Business:**

**Current Mailing Address:**

2225 NURSERY RD  
LEASING CENTER  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 20-0224880      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:**

BEELER, MARY SUE  
25 SECOND ST. NORTH, STE. 320  
ST. PETERSBURG, FL 337013362 US

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

BURSIK, PETE  
111 2ND AVE NE  
SUITE 920  
ST. PETERSBURG, FL 337013362 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: PETE BURSIK

11/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHROEDER, STEVE  
Address: ONE ASPEN DRIVE #85  
City-St-Zip: LOVELAND, CO 80538

**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 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: PETE BURSIK

RA

11/06/2008

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