

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000036314

**FILED**  
**Feb 10, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA DIRECT SALES & LEASING, LLC

**Current Principal Place of Business:**

304 BAHIA VISTA DRIVE  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

1700 66TH STREET NORTH  
202  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

1700 66TH ST. N., #202  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 13-4265965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHAFFER, MICHAEL  
1700 66TH ST. N., #202  
ST. PETERSBURG, FL 33710      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: MICHAEL SCHAFFER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P/D ( ) Change (X) Addition  
Name: SCHAFFER, MICHAEL W P/D  
Address: 414 140TH AVENUE EAST  
City-St-Zip: MADEIRA BEACH, FL 33708 US

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: MICHAEL SCHAFFER

MMB

02/10/2006

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