


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000057586	
1. Entity Name A STEP UP, LTD. CO.	

Principal Place of Business 17425 INGRAM RD FORT MYERS, FL 33912	Mailing Address 17425 INGRAM RD FORT MYERS, FL 33912
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2. Principal Place of Business 17425 INGRAM RD.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT MYERS FL	City & State
Zip 33912	Country LEE

6. Name and Address of Current Registered Agent SKEHAN, PATRICK J 17424 KENTUCKY ROAD FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE <i>Patrick J. Skehan</i> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	3-30-05 DATE
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FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKEHAN, PATRICK J 17424 KENTUCKY ROAD FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKEHAN, AMY I 17424 KENTUCKY ROAD FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Patrick J. Skehan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	3-30-05 Date	239-415-9235 Daytime Phone #
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FILED  
2005 APR -8 P 12: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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