

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000004622

Entity Name: STOLPER, LLC

**FILED**  
**Apr 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

4313 SW PORT WAY  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4313 SW PORT WAY  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 20-0668207      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:**

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

POPOV, IGOR  
4313 SW PORT WAY  
PALM CITY, FL 34990      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: IGOR POPOV

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: POPOV, IGOR  
Address: 4313 SW PORT WAY  
City-St-Zip: PALM CITY, FL 34990

**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 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: IGOR POPOV

MR.

04/11/2006

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