

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000010854

**FILED**  
**Aug 31, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ENCLOSURES BY STEVE, LLC

**Current Principal Place of Business:**

1018 W BUSH BLVD  
TAMPA, FL 33612 US

**New Principal Place of Business:**

14302 BLACKCYPRESS LN  
TAMPA, FL 33625 US

**Current Mailing Address:**

1018 W BUSH BLVD  
TAMPA, FL 33612 US

**New Mailing Address:**

14302 BLACKCYPRESS LN  
TAMPA, FL 33625 US

**FEI Number:** 20-0710068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOSS, STEVEN M  
14302 BLACK CYPRESS LANE  
TAMPA, FL 33625 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: STEVE M VOSS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VOSS, STEVEN M  
Address: 1018 W BUSH BLVD  
City-St-Zip: TAMPA, FL 33612 US

Title: PRES  
Name: VOSS, STEVEN M  
Address: 1018 W BUSH BLVD  
City-St-Zip: TAMPA, FL 33612

I hereby 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: STEVE M VOSS

MNGR

08/31/2011

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