

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000015188

**FILED**  
**Sep 28, 2005**  
**Secretary of State**

**Entity Name:** STOCKTON ENTERPRISES, LLC

**Current Principal Place of Business:**

1810 ALT. HIGHWAY 19 N., SUITE G  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

6227 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

1810 ALT. HIGHWAY 19 N., SUITE G  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

PO BOX 0397  
NEW PORT RICHEY, FL 34656

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

STOCKTON-SLONE, CHARLYNN  
1810 ALT. HIGHWAY 19 N., SUITE G  
TARPON SPRINGS, FL 34689    US

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

STOCKTON-SLONE, CHARLYNN  
6227 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34653    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: CHARLYNN STOCKTON-SLONE

09/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:                      PRES                      ( ) Change (X) Addition  
Name:                      STOCKTON-SLONE, CHARLYNN  
Address:                      6227 TROUBLE CREEK ROAD  
City-St-Zip:                      NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLYNN STOCKTON-SLONE

PRES

09/28/2005

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