2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# L04000025180

Entity Name: THE WRIGHT STEP, LLC

Current Principal Place of Business:

109 LAKE ELIZABETH DRIVE
WINTERHAVEN, FL 33884

New Principal Place of Business:

237 AVE. O SW
WINTERHAVEN, FL 33880

Current Mailing Address:

109 LAKE ELIZABETH DRIVE
WINTERHAVEN, FL 33884

New Mailing Address:

FEI Number: 59-3729412 **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:

WRIGHT, AMY
109 LAKE ELIZABETH DRIVE
WINTERHAVEN, FL 33884 US

Name and Address of New Registered Agent:

WRIGHT, KEVIN
109 LAKE ELIZABETH DRIVE
WINTERHAVEN, FL 33884 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: KEVIN WRIGHT 10/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WRIGHT, AMY
Address: 109 LAKE ELIZABETH DRIVE
City-St-Zip: WINTERHAVEN, FL 33884

Title: MGR ( ) Delete
Name: WRIGHT, KEVIN
Address: 109 LAKE ELIZABETH DRIVE
City-St-Zip: WINTERHAVEN, FL 33884

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: AMY WRIGHT MGR 10/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date