

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000033555

**FILED**  
**Aug 25, 2011**  
**Secretary of State**

**Entity Name:** SSTONEBURNER INTERCHANGE, LLC

**Current Principal Place of Business:**

13241 UNIVERSITY DRIVE  
SUITE 101  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

12800 UNIVERSITY DRIVE  
SUITE 401  
FORT MYERS, FL 33907 US

**Current Mailing Address:**

13241 UNIVERSITY DRIVE  
SUITE 101  
FORT MYERS, FL 33907 US

**New Mailing Address:**

12800 UNIVERSITY DRIVE  
SUITE 401  
FORT MYERS, FL 33907 US

**FEI Number:** 20-1053838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE SUITE 350  
FORT MYERS, FL 33907 US

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

STONEBURNER, SHAWN D  
12800 UNIVERISTY DRIVE  
401  
FORT MYERS, FL 33907 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: SHAWN STONEBURNER

08/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STONEBURNER, SHAWN  
Address: 12800 UNIVERSITY DRIVE SUITE 401  
City-St-Zip: FORT MYERS, FL 33907 US

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: SHAWN STONEBURNER

MGRM

08/25/2011

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