

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000045690

**Entity Name:** PROVIDENCE A1A SOUTH, LLC

**FILED**  
**Nov 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

7060 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

6275 A1A SOUTH  
SUITE 102  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

7060 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

400 WADE GLEN CT  
ALPHARETTA, GA 30004

**FEI Number:** 20-1257313      **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:**

ROBINSON, TOM  
7060 A1A SOUTH  
SAINT AUGUSTINE, FL 32080      US

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

ROBINSON, TOM  
6275 A1A SOUTH  
SUITE 102  
SAINT AUGUSTINE, FL 32080      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: TOM ROBINSON

11/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ROBINSON, TOM  
Address: 7060 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ROBINSON, TOM  
Address: 400 WADE GLEN CT  
City-St-Zip: ALPHARETTA, GA 30004

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: TOM ROBINSON

MGRM

11/09/2006

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