

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000046550

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Entity Name:** ST. PETE HOME SOLUTIONS, LLC

**Current Principal Place of Business:**

6143 BAYOU GRANDE BLVD. N.E.  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

6143 BAYOU GRANDE BLVD. N.E.  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**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:**

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

MALECKI, RONALD  
6143 BAYOU GRANDE BLVD. N.E.  
ST. PETERSBURG, FL 33703 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: RONALD MALECKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MALECKI, RONALD  
Address: 6143 BAYOU GRANDE BLVD. N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703

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: RONALD MALECKI

MGRM

10/11/2005

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