

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000048603

**Entity Name:** SLW CAPITAL, LLC

**FILED**  
**Dec 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

609 E JACKSON STREET  
SUITE 100  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

609 E JACKSON STREET  
SUITE 100  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 20-1463341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHANKMAN, DAVID S  
609 E JACKSON STREET  
SUITE 100  
TAMPA, FL 33602 US

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

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:** DAVID S SHANKMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LEONE, DENNIS D  
**Address:** 609 E JACKSON STREET, STE 100  
**City-St-Zip:** TAMPA, FL 33602

**Title:** MGR  
**Name:** SHANKMAN, DAVID S  
**Address:** 609 E JACKSON STREET, SUITE 100  
**City-St-Zip:** TAMPA, FL 33602

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:** DENNIS D LEONE

MGRM

12/06/2012

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