

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000048714

**FILED**  
**Oct 23, 2008**  
**Secretary of State**

**Entity Name:** THE COUPE, LLC

**Current Principal Place of Business:**

823 W ST AUGUSTINE STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14283  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 14-1910755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAWS, SONYA K  
3116 CAPITAL CIRCLE N.E., SUITE 5  
TALLAHASSEE, FL 32308 US

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

HOUFF, WILLIAM L CPA  
1713 MAHAN DRIVE  
TALLAHASSEE, FL 32308 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: WILLIAM L. HOUFF

10/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COOPER, WAYNE  
Address: P.O. BOX 14283  
City-St-Zip: TALLAHASSEE, FL 32317 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COOPER, WAYNE W  
Address: P.O. BOX 14283  
City-St-Zip: TALLAHASSEE, FL 32317 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM L. HOUFF, CPA/AGENT

CPA

10/23/2008

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