


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000049666 1. Entity Name STAN CAUSSEAU, LLC						FILED 2006 JUL 12 AM 9:46	
Principal Place of Business 134 RUBEN MORGAN LANE HAVANA, FL 32333				Mailing Address 134 RUBEN MORGAN LANE HAVANA, FL 32333			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CAUSSEAU, STAN 134 RUBEN MORGAN LANE HAVANA, FL 32333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 201320618			
SIGNATURE <u>Stan Causseau</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
FILE NOW!!! FEE IS \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
Make check payable to Florida Department of State				9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CAUSSEAU, STAN 134 RUBEN MORGAN LANE HAVANA, FL 32333				10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP 800077522418 07/14/06--01033--022 **105.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Stan Causseau</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 7-12-06			
Daytime Phone # 539-9926				<div style="text-align: center;"> REINSTATEMENT 2005-2006 </div>			