

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000060587

FILED
Mar 01, 2006
Secretary of State

Entity Name: SLIGH MHP LLC

Current Principal Place of Business:

4400 S. 70TH ST
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

4400 S. 70TH ST
TAMPA, FL 33619

New Mailing Address:

PO BOX 3284
BRANDON, FL 33509

FEI Number: 20-1507308 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:

HALDANE, WADE
4400 S. 70TH ST
TAMPA, FL 33619 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: WADE HALDANE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALDANE, WADE
Address: 4400 S. 70TH ST
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: HALDANE, CHARLES
Address: 4400 S. 70TH ST
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: HALDANE, WILLIAM
Address: 4400 S. 70TH ST
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: WADE HALDANE

MGR

03/01/2006

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