

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000063369

Entity Name: WILLIAM TASSOGLOY LLC

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

3030 WHITE BLVD
NAPLES, FL 34117 US

New Principal Place of Business:

6975 EVERGLADES BLVD
NAPLES, FL 34120 US

Current Mailing Address:

3030 WHITE BLVD
NAPLES, FL 34117 US

New Mailing Address:

6975 EVERGLADES BLVD
NAPLES, FL 34120 US

FEI Number: 15-4760151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASSOGLOY, WILLIAM
3030 WHITE BLVD
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

TASSOGLOY, WILLIAM
6975 EVERGLADES BLVD
NAPLES, FL 34120 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 TASSOGLOY

10/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TASSOGLOY, WILLIAM
Address: 3030 WHITE BLVD
City-St-Zip: NAPLES, FL 34117 US

Title: MGRM () Delete
Name: DELUCA, MICHAEL
Address: 3030 WHITE BLVD
City-St-Zip: NAPLES, FL 34117 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TASSOGLOY, WILLIAM
Address: 6975 EVERGLADES BLVD
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM (X) Change () Addition
Name: DELUCA, MICHAEL
Address: 6975 EVERGLADES BLVD
City-St-Zip: NAPLES, FL 34120 US

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: WILLIAM TASSOGLOY

MGR

10/06/2005

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