

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000079273

FILED
Oct 10, 2005
Secretary of State

Entity Name: STEVEN WISCHMEIER LLC

Current Principal Place of Business:

2937 NEEDLE PALM DR
EDGEWATER, FL 32141

New Principal Place of Business:

2799 NORDMAN AVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

2937 NEEDLE PALM DR
EDGEWATER, FL 32141

New Mailing Address:

2799 NORDMAN AVE
NEW SMYRNA BEACH, FL 32168

FEI Number: 20-1822647 **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:

WISCHMEIER, STEVEN
2937 NEEDLE PALM DR
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

WISCHMEIER, STEVEN
2799 NORDMAN AVE
NEW SMYRNA BEACH, FL 32168 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: STEVEN WISCHMEIER

10/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WISCHMEIER, STEVEN
Address: 2937 NEEDLE PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM () Delete
Name: WISCHMEIER, EARL
Address: 2937 NEEDLE PALM DR
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WISCHMEIER, STEVEN
Address: 2799 NORDMAN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Change () Addition
Name: WISCHMEIER, EARL
Address: 2799 NORDMAN AVE
City-St-Zip: NEW SMYRNA, FL 32168

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: STEVEN WISCHMEIER

MGRM

10/10/2005

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