

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000080101

Entity Name: STC GROUP, LLC

FILED  
Oct 20, 2005  
Secretary of State

**Current Principal Place of Business:**

2721 BUTLER BAY DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

2000 NOOSENECK HILL ROAD  
COVENTRY, RI 02816

**Current Mailing Address:**

2721 BUTLER BAY DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 41-2157685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

DEGRAIDE, ADAM D MR  
9720 NEARWATER PLACE  
WINDEMERE, FL 34788 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: ADAM DEGRAIDE

10/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DEGRAIDE, ADAM D  
Address: 46 D'AGNILLO DRIVE  
City-St-Zip: WARWICK, RI 02818

Title: MGR ( ) Delete  
Name: SIMAS, DAVID A  
Address: 165 LAKEHURST AVENUE  
City-St-Zip: COVENTRY, RI 02816

Title: MGR ( ) Delete  
Name: WOLFINGTON, SEAN J  
Address: 70 SHEFFIELD COURT  
City-St-Zip: PHOENIXVILLE, PA 19460

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DEGRAIDE, ADAM D  
Address: 9720 NEARWATER PLACE  
City-St-Zip: WINDEMERE, FL 34788

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 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: DAVID A. SIMAS

MR

10/20/2005

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