

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000004398

Entity Name: LESLIE-WALTER GROUP, LLC

FILED
Sep 21, 2006
Secretary of State

Current Principal Place of Business:

14101 RACE TRACK ROAD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

14101 RACE TRACK ROAD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-2167611 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:

BROWNLEE, HUNTER J
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
C/O HUNTER J. BROWNLEE
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602 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: HUNTER J. BROWNLEE

09/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BISHOP, WILLIAM L
Address: 14101 RACE TRACK RD
City-St-Zip: TAMPA, FL 33626 US

Title: MGR () Change (X) Addition
Name: WALLACE, DONALD W
Address: C/O MICHAEL MORRIS; 6508 E FOWLER AVE
City-St-Zip: TAMPA, FL 33617 US

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: WILLIAM L. BISHOP

MGR

09/21/2006

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