

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000010662

**Entity Name:** ST. LUCIE COUNTY LEASING, LLC

**FILED**  
**Sep 25, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2545 SOUTHWEST MAYACOO WAY  
PALM CITY, FL 34990

**New Principal Place of Business:**

11168 LANDS END CHASE  
PT ST LUCIE, FL 34986

**Current Mailing Address:**

2545 SOUTHWEST MAYACOO WAY  
PALM CITY, FL 34990

**New Mailing Address:**

11168 LANDS END CHASE  
PT ST LUCIE, FL 34986

**FEI Number:** 20-2537955      **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:**

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803      US

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

SHAH, RASKIN CPA  
1760 CHENEY HWY  
TITUSVILLE, FL 32780      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: RASKIN SHAH, CPA

09/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: D ( ) Change (X) Addition  
Name: KUMAR, RAMESH  
Address: 11168 LANDS END CHASE  
City-St-Zip: PT ST LUCIE, FL 34986

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: RASKIN SHAH

CPA

09/25/2006

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