

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000022318

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** L.E. MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

236 OLDE POST RD  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

236 OLDE POST RD  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 20-2655405      **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:**

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

SIEFKE, STANLEY P  
236 OLDE POST RD  
NICEVILLE, FL 32578 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:** STANLEY P SIEFKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SIEFKE, STANLEY P  
**Address:** 236 OLDE POST RD  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** MGRM  
**Name:** SIEFKE, WANDA C  
**Address:** 236 OLDE POST RD  
**City-St-Zip:** NICEVILLE, FL 32578 US

I hereby 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:** STANLEY P SIEFKE

MGRM

03/13/2010

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