2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# L05000022355

Entity Name: STYLE COMPASS, LLC.

Current Principal Place of Business:

159 3RD STREET NORTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

1442 HEBER CIRCLE
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

WIGGINS, TONY A
1442 HEBER CIRCLE
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

WIGGINS, TONY A
100 73RD AVE NORTH
107
SAINT PETRSBURG, FL, FL 33702 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: TONY WIGGINS 02/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WIGGINS, TONY A
Address: 1442 HBER CIRCLE
City-St-Zip: ORLANDO, FL 32811 US

Title: MGRM ( ) Delete
Name: WASHINGTON, LILLIE M
Address: 1442 HEBER CIRCLE
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WIGGINS, TONY A
Address: 100 73RD AVE NORTH #107
City-St-Zip: SAINT PETRSBURG, FL 33702 US

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 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: TONY WIGGINS MGRM 02/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date