

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Jul 09, 2008  
Secretary of State**

DOCUMENT# L05000054500

Entity Name: SCOTT T. PIERCE, LLC

**Current Principal Place of Business:**

5158 CYRIL DRIVE  
RIDGE MANOR, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

5158 CYRIL DRIVE  
RIDGE MANOR, FL 33523

**New Mailing Address:**

FEI Number: 74-3146804      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:**

PIERCE, SCOTT T  
5158 CYRIL DRIVE  
RIDGE MANOR, FL 33523      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: SCOTT T. PIERCE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PIERCE, SCOTT T  
Address: 5158 CYRIL DRIVE  
City-St-Zip: RIDGE MANOR, FL 33523

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT T. PIERCE

MGR.

07/09/2008

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