2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 08, 2006
Secretary of State

DOCUMENT# L05000075960

Entity Name: STICK SAVE ENTERPRISES, LLC

Current Principal Place of Business:

11 FOSTER STREET
WARWICK, RI 02889

New Principal Place of Business:

2570 SE WEST BLACKWELL DRIVE
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

11 FOSTER STREET
WARWICK, RI 02889

New Mailing Address:

2570 SE WEST BLACKWELL DRIVE
PORT ST LUCIE, FL 34952 US

FEI Number: 30-0385665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACOBUS, CURT
707 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: CURT JACOBUS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARTIN, KENNETH E
Address: 11 FOSTER STREET
City-St-Zip: WARWICK, RI 02889

Title: MGRM ( ) Delete
Name: MARTIN, STEVEN R
Address: 11 FOSTER STREET
City-St-Zip: WARWICK, RI 02889

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MARTIN, KENNETH E
Address: 2570 SE WEST BLACKWELL DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: MGR (X) Change ( ) Addition
Name: MARTIN, STEVEN R
Address: 2570 SE WEST BLACKWELL DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952 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: KENNETH E MARTIN MGR 12/08/2006

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