

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L05000076764**

1. Entity Name  
**STAPP-CARS LLC**



**FILED**

**07 OCT 17 PM 4: 05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.**



Principal Place of Business  
4260 49 TH STREET NORTH  
N/A  
ST. PETERSBURG, FL 33709

Mailing Address  
4260 49TH. STREET NORTH  
N/A  
ST. PETESBURG, FL 33709

2. Principal Place of Business - No P.O. Box #  
**6000 Haines Rd N.**

3. Mailing Address  
**6000 Haines Rd. N.**

Suite, Apt. #, etc.

10122007 REIN-LLC CR2E101 (1/07)

City & State  
**St. Petersburg, Fl.**

City & State  
**St. Petersburg, Fl.**

Zip  
**33714** Country  
**Pinellas**

Zip  
**33714** Country  
**Pinellas**

4. FEI Number  
**13-4303934**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STAPP, JANET --**  
4260 49 TH STREET NORTH  
ST. PETERSBURG, FL., FL 33709

7. Name and Address of New Registered Agent

Name **Janet L. Stepp**

Street Address (P.O. Box Number is Not Acceptable)  
**6000 Haines Rd. N.**

City **St. Petersburg, FL** Zip Code **33714**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janet Stepp - MGR.* DATE **10-12-07**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAPP, JANET L 540 PARK ST. ST.PETERSBURG, FL 33707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700110903577</b> <b>10/17/07--01051--024 **155.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Janet Stepp - MGR.* DATE: **10-12-07** DAYTIME PHONE #: **(727)-522-3459**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #