


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000076764		
1. Entity Name STEP-PP-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
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2. Principal Place of Business - No P.O. Box # 6000 Haines Rd N.	3. Mailing Address 6000 Haines Rd. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10122007 REIN-LLC CR2E101 (1/07)

City & State St. Petersburg, Fl.	City & State St. Petersburg, Fl.
Zip 33714	Zip 33714
Country Pinellas	Country Pinellas

4. FEI Number 13-4303934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent STEP, JANET -- 4260 49 TH STREET NORTH ST. PETERSBURG, FL., FL 33709	
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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	
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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 <i>Janet Stepp - MGR.</i>	DATE 10-12-07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEP, JANET L 540 PARK ST. ST. PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700110303577 10/17/07--01051--024 **155.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Janet Stepp - MGR.</i>	DATE 10-12-07 (727)-522-3459