

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000108694

Entity Name: S.M. METOSH, LLC

FILED
Oct 20, 2006
Secretary of State

Current Principal Place of Business:

1003 E. EAGLE AVENUE
EAGLE LAKE, FL 33839

New Principal Place of Business:

1003 E EAGLE AVE
EAGLE LAKE, FL 33839

Current Mailing Address:

1003 E. EAGLE AVENUE
EAGLE LAKE, FL 33839

New Mailing Address:

1003 E EAGLE AVE
EAGLE LAKE, FL 33839

FEI Number: 20-3778364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETITJEAN, CYNTHIA M
1306 THONOTOSASSA ROAD
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

METOSH, MICHELLE E
1003 E EAGLE AVE
EAGLE LAKE, FL 33839 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: MICHELLE E. METOSH

10/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: METOSH, MICHELLE
Address: 1003 E. EAGLE AVENUE
City-St-Zip: EAGLE LAKE, FL 33839

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: METOSH, MICHELLE E
Address: 1003 E EAGLE AVE
City-St-Zip: EAGLE LAKE, FL 33839

Title: MGRM () Change (X) Addition
Name: METOSH, STEVEN H
Address: 1003 E EAGLE AVE
City-St-Zip: EAGLE LAKE, FL 33839

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: MICHELLE E. METOSH

MGRM

10/20/2006

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