

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000108726

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** SHURTLEFF FINANCIAL & ASSOCIATES, LLC

**Current Principal Place of Business:**

3550 BUSCHWOOD PARK DRIVE, SUITE 200  
TAMPA, FL 33618

**New Principal Place of Business:**

275 BAYSHORE BLVD  
UNIT 1405  
TAMPA, FL 33606

**Current Mailing Address:**

3550 BUSCHWOOD PARK DRIVE, SUITE 200  
TAMPA, FL 33618

**New Mailing Address:**

275 BAYSHORE BLVD  
UNIT 1405  
TAMPA, FL 33606

**FEI Number:** 20-3856786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTELLANO, NELSON T  
101 E. KENNEDY BOULEVARD, SUITE 2700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

KIMBERLY A. SHURTLEFF, PA  
1818 SHORT BRANCH DRIVE  
SUITE 101  
TRINITY, FL 34655 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: KIMBERLY A. SHURTLEFF

02/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHURTLEFF, JEFF  
Address: 275 BAYSHORE BLVD UNIT 1405  
City-St-Zip: TAMPA, FL 33615

I hereby 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: JEFFREY SHURTLEFF

MGRM

02/10/2010

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