

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109200

Entity Name: 10215, LLC

FILED
Oct 29, 2006
Secretary of State

Current Principal Place of Business:

801 WEST BAY DRIVE, 4TH FLOOR, STE. 409
LARGO, FL 33770

New Principal Place of Business:

801 WEST BAY DRIVE,
#403
LARGO, FL 33770

Current Mailing Address:

801 WEST BAY DRIVE, 4TH FLOOR, STE. 409
LARGO, FL 33770

New Mailing Address:

P O BOX 3757
SEMINOLE, FL 33775

FEI Number: 20-4467029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 US

Name and Address of New Registered Agent:

GOLTL, RUTH E
801 WEST BAY DRIVE
#403
LARGO, FL 33770 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: R E GOLTL

10/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: GOLTL, RUTH E
Address: P O BOX 3757
City-St-Zip: SEMINOLE, FL 33775

Title: MGR () Change (X) Addition
Name: GOLTL, RICHARD A
Address: P O BOX 3757
City-St-Zip: SEMINOLE, FL 33775

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: R E GOLTL

MGRM

10/29/2006

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