

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109249

Entity Name: FULLER MANAGEMENT, LLC

FILED
Oct 04, 2006
Secretary of State

Current Principal Place of Business:

4220 CENTRAL SARASOTA PARKWAY
SARASOTA, FL 34238

New Principal Place of Business:

1200 W MEMORIAL BLVD
LAKELAND, FL 33811

Current Mailing Address:

4220 CENTRAL SARASOTA PARKWAY
SARASOTA, FL 34238

New Mailing Address:

1200 W MEMORIAL BLVD
LAKELAND, FL 33811

FEI Number: 20-3787718 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:

FULLER, LELAND F III
4220 CENTRAL SARASOTA PARKWAY
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

FULLER, LELAND F III
1200 W MEMORIAL BLVD
LAKELAND, FL 33811 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: LELAND F. FULLER III

10/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FULLER, LELAND F III
Address: 4220 CENTRAL SARASOTA PARKWAY
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FULLER, LELAND F III
Address: 1200 W MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33811

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: LELAND F FULLER III

MGR

10/04/2006

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