

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000111806

**Entity Name:** POE & ASSOCIATES, LLC

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 20-3830800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POE, WILLIAM F JR  
601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602 US

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

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: WILLIAM F. POE JR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** POE FINANCIAL GROUP, INC.  
**Address:** 601 N. ASHLEY DRIVE, SUITE 200  
**City-St-Zip:** TAMPA, FL 33602 US

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: WILLIAM F. POE JR.

MGRM

10/08/2013

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