

2006 LIMITED LIABILITY COMPANY
REINSTATEMENT


FILED

06 NOV -3 PM 5:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000115835

1. Entity Name
STL, LLC



Principal Place of Business: 466 CHINA HILL CT. APOPKA, FL 32712-2813

Mailing Address: 5201 KINGSTON PIKE, STE. 6301 KNOXVILLE, TN 37919

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

6. Name and Address of Current Registered Agent

CLAUDE, VINCENT A
466 CHINA HILL CT.
APOPKA, FL 32712-2813

Barcode

10122006 REIN-LLC CR2E101 (11/05)

4. FEI Number: 76-0814727

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: *V.A. Claude* V. A. Claude 10/12/2006

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | |
|--|---------------------------------|
| TITLE: MGRM NAME: CLAUDE, VINCENT A STREET ADDRESS: 466 CHINA HILL CT. CITY-ST-ZIP: APOPKA, FL 327122813 | <input type="checkbox"/> Delete |
| TITLE: MGRM NAME: BOOKSTAFF, BLAKE L STREET ADDRESS: 5201 KINGSTON PIKE, STE. 6325 CITY-ST-ZIP: KNOXVILLE, TN 37919 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *V.A. Claude* V. A. Claude 10/12/2006 407 884 5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #