

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000016310

FILED  
Sep 10, 2008  
Secretary of State

Entity Name: ASPEN STATE TEACHER'S COLLEGE, LLC

**Current Principal Place of Business:**

730 BAY ESPLANADE  
CLEARWATER BEACH, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

730 BAY ESPLANADE  
CLEARWATER BEACH, FL 33767 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: DEBORAH SKIPPER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FURNISS, JAMES E  
Address: 670 ISLAND WAY, #707  
City-St-Zip: CLEARWATER, FL 33767 US

Title: MGRM ( ) Delete  
Name: DEMMON, MARC W  
Address: 2230 N. ORCHARD  
City-St-Zip: CHICAGO, IL 60614 US

Title: MGRM (X) Delete  
Name: PENDORF, ALLAN R  
Address: 103 WOODFIELD DRIVE  
City-St-Zip: ASHEVILLE, NC 28803 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEMMON, MARC W PRES  
Address: 2230 N. ORCHARD  
City-St-Zip: CHICAGO, IL 60614 US

Title: MGRM (X) Change ( ) Addition  
Name: FURNISS, JAMES S SECTREA  
Address: 730 BAY ESPLANADE  
City-St-Zip: CLEARWATER BEACH, FL 33767 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES S FURNISS, SECRETARY/TREASURER

MGRM

09/10/2008

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