

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000020497

**FILED**  
**Oct 08, 2008**  
**Secretary of State**

**Entity Name:** STOIC NETWORK CONSULTANTS LLC

**Current Principal Place of Business:**

5469 N CR 470  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**Current Mailing Address:**

5469 N CR 470  
LAKE PANASOFFKEE, FL 33538

**New Mailing Address:**

115 TOM CHAPMAN BLVD  
APT 611  
WARNER ROBINS, GA 31088

**FEI Number:** 20-4400589      **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:**

VARNUM, DAVID M JR  
5469 N CR 470  
LAKE PANASOFFKEE, FL 33538      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: DAVID M VARNUM JR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR      ( ) Delete  
Name: VARNUM, DAVID M  
Address: 5469 N C 470  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

**ADDITIONS/CHANGES:**

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: DAVID M VARNUM JR

MR

10/08/2008

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