

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000039554

Entity Name: JAMES L. STALLINGS, LLC

**FILED**  
**Oct 25, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

200 NORTH FLORIDA AVE.  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

200 NORTH FLORIDA AVE.  
WAUCHULA, FL 33873

**New Mailing Address:**

FEI Number: 32-0189567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KROLL, M. JOAN  
200 NORTH FLORIDA AVE.  
WAUCHULA, FL 33873 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: M. JOAN KROLL

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STALLINGS, JAMES L  
Address: 200 NORTH FLORIDA AVE.  
City-St-Zip: WAUCHULA, FL 33873

**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: JAMES L. STALLINGS

MR

10/25/2007

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