

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000061913

Entity Name: CHRIS STEFFENS LLC

FILED  
Dec 19, 2008  
Secretary of State

## Current Principal Place of Business:

630 EASTWOOD CT.  
LAKE WALES, FL 33898

## New Principal Place of Business:

5137 N. SCENIC HWY.  
LOT 58  
LAKE WALES, FL 33898

## Current Mailing Address:

630 EASTWOOD CT.  
LAKE WALES, FL 33898

## New Mailing Address:

5137 N. SCENIC HWY.  
LOT 58  
LAKE WALES, FL 33898

FEI Number: 20-5164633      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:

STEFFENS, CHRIS  
630 EASTWOOD CT.  
LAKE WALES, FL 33898      US

## Name and Address of New Registered Agent:

STEFFENS, CHRIS  
5137 N. SCENIC HWY.  
LOT 58  
LAKE WALES, FL 33898      US

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: CHRIS STEFFENS

12/19/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P      ( ) Delete  
Name: STUFFENS, CHRIS  
Address: 630 EASTWOOD CT.  
City-St-Zip: LAKE WALES, FL 33898

## ADDITIONS/CHANGES:

Title: P      (X) Change ( ) Addition  
Name: STEFFENS, CHRIS  
Address: 5137 N. SCENIC HWY LOT 58  
City-St-Zip: LAKE WALES, FL 33898

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: CHRIS STEFFENS

MR

12/19/2008

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