

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000077084

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF SCOTT H. CUPP, LLC

**Current Principal Place of Business:**

400 EXECUTIVE CENTER DRIVE, SUITE 201  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

400 EXECUTIVE CENTER DRIVE  
SUITE 201  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

400 EXECUTIVE CENTER DRIVE, SUITE 201  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

400 EXECUTIVE CENTER DRIVE  
SUITE 201  
WEST PALM BEACH, FL 33401

**FEI Number:** 06-1797584      **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:**

CUPP, SCOTT H  
400 EXECUTIVE CENTER DRIVE, SUITE 201  
WEST PALM BEACH, FL 33401 US

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

CUPP, SCOTT H  
400 EXECUTIVE CENTER DRIVE  
SUITE 201  
WEST PALM BEACH, FL 33401 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: SCOTT H. CUPP

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CUPP, SCOTT H  
**Address:** 400 EXECUTIVE CENTER DRIVE, SUITE 201  
**City-St-Zip:** WEST PALM BEACH, FL 33401

I hereby 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: SCOTT H. CUPP

MGR

01/06/2010

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