

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094407

**FILED**  
**Apr 07, 2008**  
**Secretary of State**

**Entity Name:** ST LOUIS INVESTMENT, LLC

**Current Principal Place of Business:**

106 DEVONSHIRE DRIVE  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

4434 SW TABOR STREET  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

106 DEVONSHIRE DRIVE  
FORT PIERCE, FL 34946

**New Mailing Address:**

4434 SW TABOR STREET  
PORT ST LUCIE, FL 34953

**FEI Number:** 20-5608176      **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:**

ST LOUIS, MONICA D  
106 DEVONSHIRE DR  
FT PIERCE, FL 34946      US

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

ST LOUIS, MONICA D  
4434 SW TABOR STREET  
PORT ST LUCIE, FL 34953      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: MONICA ST LOUIS

04/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ST LOUIS, MONICA D  
Address: 106 DEVONSHIRE DR  
City-St-Zip: FT. PIERCE, FL 34946

Title: MGRM      ( ) Delete  
Name: ST. LOUIS, WILFRED D  
Address: 106 DEVONSHIRE DR  
City-St-Zip: FT. PIERCE, FL 34946

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: ST LOUIS, MONICA D  
Address: 4434 SW TABOR STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM      (X) Change ( ) Addition  
Name: ST. LOUIS, WILFRED D  
Address: 4434 SW TABOR STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

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: MONICA ST LOUIS

MRS

04/07/2008

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