

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094407

Entity Name: ST LOUIS INVESTMENT, LLC

FILED
Oct 05, 2009
Secretary of State

Current Principal Place of Business:

4434 SW TABOR STREET
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4434 SW TABOR STREET
PORT ST LUCIE, FL 34953

New Mailing Address:

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:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MONICA ST LOUIS

MGR

10/05/2009

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