

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094948

FILED
Oct 30, 2008
Secretary of State

Entity Name: STATEWIDE TRUST OF SW FL, L.L.C.

Current Principal Place of Business:

1100 6TH AVENUE SOUTH
226
NAPLES, FL 34102 US

New Principal Place of Business:

9001 HIGHLAND WOODS BLVD
6
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

1100 6TH AVENUE SOUTH
226
NAPLES, FL 34102 US

New Mailing Address:

9001 HIGHLAND WOODS BLVD
6
BONITA SPRINGS, FL 34135 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

KRUCKER, JASON R
1350 MISTY PINE CIRCLE
E206
NAPLES, FL 34105 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: JASON R KRUCKER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRUCKER, JASON R
Address: 1350 MISTY PINES CIRCLE #E206
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM () Delete
Name: HARLEM, JOHN
Address: 8370 BIG ACORN CIRCLE # 1401
City-St-Zip: NAPLES, FL 34119 US

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: JOHN HARLEM

MGRM

10/30/2008

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