

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000095818

**FILED**  
**Jul 29, 2008**  
**Secretary of State**

**Entity Name:** FESS CAP VENTURES, LLC

**Current Principal Place of Business:**

625 ARBOR LAKE LANE  
TAMPA, FL 336025761 US

**New Principal Place of Business:**

700 S HARBOUR ISLAND BLVD  
#329  
TAMPA, FL 33602 US

**Current Mailing Address:**

625 ARBOR LAKE LANE  
TAMPA, FL 336025761 US

**New Mailing Address:**

6439 CENTRAL AVENUE  
ST. PETERSBURG, FL 337108411 US

FEI Number: 20-5639405      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:**

SIMONE, STEPHEN CPA  
6439 CENTRAL AVENUE  
SAINT PETERSBURG, FL 337108411 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: STEPHEN SIMONE, CPA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FESSLER, MARK J  
Address: 625 ARBOR LAKE LANE  
City-St-Zip: TAMPA, FL 336025761 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FESSLER, MARK J  
Address: 700 S HARBOUR ISLAND BLVD #329  
City-St-Zip: TAMPA, FL 33602 US

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: MARK J FESSLER

MGRM

07/29/2008

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