

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000108163

FILED
Oct 12, 2007
Secretary of State

Entity Name: WALL STREET CAPITAL VENTURES, LLC

Current Principal Place of Business:

245 WASHINGTON DRIVE NORTH
ST. ARMANDS KEY
SARASOTA, FL 34236

New Principal Place of Business:

451 BOWDOIN CIRCLE
ST. ARMANDS KEY
SARASOTA, FL 34236

Current Mailing Address:

245 WASHINGTON DRIVE NORTH
ST. ARMANDS KEY
SARASOTA, FL 34236

New Mailing Address:

451 BOWDOIN CIRCLE
ST. ARMANDS KEY
SARASOTA, FL 34236

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:

Name and Address of New Registered Agent:

ROCKS, KRISTEN
245 WASHINGTON DRIVE NORTH
ST. ARMANDS KEY
SARASOTA, FL 34236 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: KRISTEN ROCKS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ROCKS, KRISTEN
Address: 451 BOWDOIN CIRCLE
City-St-Zip: SARASOTA, FL 34236

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

Title: MGRM () Delete
Name: RUBY, GARY
Address: 451 BOWDOIN CIRCLE
City-St-Zip: SARASOTA, FL 34236

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: GARY RUBY

V.P

10/12/2007

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