

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000120561

Entity Name: HOUSTON STREET, LLC

**FILED**  
**Mar 26, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

3325 HENDRICKS AVENUE, SUITE C  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1916 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3325 HENDRICKS AVENUE, SUITE C  
JACKSONVILLE, FL 32207

**New Mailing Address:**

1916 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

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:**

SIMON, DEBORAH A  
3325 HENDRICKS AVENUE, SUITE C  
JACKSONVILLE, FL 32207 US

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

SIMON, DEBORAH A  
1916 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 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: DEBORAH A. SIMON

03/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SIMON, DEBORAH A  
Address: 1916 ATLANTIC BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207 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: DEBORAH A. SIMON

MGR

03/26/2008

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