

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000006807

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** STILES PLAZA, LLC

**Current Principal Place of Business:**

10901 CORPORATE CIRCLE NORTH  
SUITE A  
ST PETERSBURG, FL 33716 US

**New Principal Place of Business:**

10901 CORPORATE CIRCLE NORTH  
SUITE B  
ST PETERSBURG, FL 33716 US

**Current Mailing Address:**

10901 CORPORATE CIRCLE NORTH  
SUITE A  
ST PETERSBURG, FL 33716 US

**New Mailing Address:**

10901 CORPORATE CIRCLE NORTH  
SUITE B  
ST PETERSBURG, FL 33716 US

**FEI Number:** 20-8256446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EAST, CLARK D  
10901 CORPORATE CIRCLE NORTH  
SUITE A  
ST PETERSBURG, FL 33716 US

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

EAST, CLARK D  
10901 CORPORATE CIRCLE NORTH  
SUITE B  
ST PETERSBURG, FL 33716 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: CLARK D EAST

11/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EAST, CLARK D  
Address: 10901 CORPORATE CIRCLE NORTH STE B  
City-St-Zip: ST PETERSBURG, FL 33716 US

I hereby 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: CLARK D EAST

MGRM

11/05/2010

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