

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000013668

Entity Name: ST. CLOUD TITLE, LLC

FILED  
Feb 11, 2009  
Secretary of State

**Current Principal Place of Business:**

1304 10TH ST  
SUITE R  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

1304 10TH ST  
SUITE R  
ST CLOUD, FL 34769

**New Mailing Address:**

FEI Number: 20-8422647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: LUCY DONNETTE PERSKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPEAKS, JACK  
Address: 2265 LEE ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete  
Name: PERSKI, LUCY DONNETTE  
Address: 1192 E. LAKESHORE BLVD.  
City-St-Zip: KISSIMEE, FL 34744

**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: LUCY DONNETTE PRESKI

MM

02/11/2009

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