

**2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000000277

**FILED  
Oct 04, 2010  
Secretary of State**

**Entity Name:** THE LAW OFFICE OF STEPHANIE HARRIETT, P.L.

**Current Principal Place of Business:**

2064 PARK STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2064 PARK STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

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

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

HARRIETT, STEPHANIE ESQ.  
2064 PARK STREET  
JACKSONVILLE, FL 32204    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: STEPHANIE HARRIETT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM  
Name:                     HARRIETT, STEPHANIE ESQ.  
Address:                 2064 PARK STREET  
City-St-Zip:             JACKSONVILLE, FL 32204

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: STEPHANIE HARRIETT

ESQ.

10/04/2010

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