

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000006605

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** SCHOPKE & ASSOCIATES, LLC

**Current Principal Place of Business:**

1620 TANGERINE STREET, SUITE 5  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1620 TANGERINE STREET, SUITE 5  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 35-2340575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOPKE, NEIL  
1620 TANGERINE STREET  
MELBOURNE, FL 32901 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: NEIL SCHOPKE

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: SCHOPKE, NEIL E  
Address: 1620 TANGERINE ST., SUITE 5  
City-St-Zip: MELBOURNE, FL 32901

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: NEIL SCHOPKE

MGR

10/06/2010

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