

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000017362

**FILED**  
**Dec 01, 2012**  
**Secretary of State**

**Entity Name:** ST. LOUIS FAMILY MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

144 WILLADEL DR.  
BELLEAIR, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

144 WILLADEL DR.  
BELLEAIR, FL 33756 US

**New Mailing Address:**

**FEI Number:** 26-1986711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. LOUIS, JILL  
1724 NORTH SHORE DRIVE NORTHEAST  
ST. PETERSBURG, FL 33704 US

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

ST. LOUIS, JILL  
144 WILLADEL DRIVE  
BELLEAIR, FL 33756 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: JILL ST. LOUIS

12/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ST. LOUIS, JILL  
Address: 144 WILLADEL DRIVE  
City-St-Zip: BELLEAIR, FL 33756 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: JILL ST. LOUIS

MGRM

12/01/2012

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