

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000017362

**FILED**  
**Oct 04, 2014**  
**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:**

220 GULF BLVD.  
BELLEAIR BEACH, FL 33786 US

**Current Mailing Address:**

144 WILLADEL DR.  
BELLEAIR, FL 33756 US

**New Mailing Address:**

220 GULF BLVD.  
BELLEAIR BEACH, FL 33786 US

**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  
144 WILLADEL DRIVE  
BELLEAIR, FL 33756 US

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

ST. LOUIS, JILL  
220 GULF BLVD.  
BELLEAIR BEACH, FL 33786 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

10/04/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: ST. LOUIS, JILL  
Address: 220 GULF BLVD.  
City-St-Zip: BELLEAIR BEACH, FL 33786 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JILL D. ST. LOUIS

MS.

10/04/2014

Electronic Signature of Authorized Person

Date