

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000099530

**FILED**  
**Jul 13, 2011**  
**Secretary of State**

**Entity Name:** SHARPE FINANCIAL STRATEGIES LLC

**Current Principal Place of Business:**

4909 N. MONROE ST.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

4909 N. MONROE ST.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

7670 WOODWAY DR  
165  
HOUSTON, TX 77063

**FEI Number:** 26-3583193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHARPE, TROY R  
2415 BANYAN DR.  
TALLAHASSEE, FL 32303 US

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

SHARPE, TROY R  
4233 RABBIT POND RD  
TALLAHASSEE, FL 32309 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: TROY SHARPE

07/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: SHARPE, TROY R  
Address: 4909 N. MONROE ST.  
City-St-Zip: TALLAHASSEE, FL 32303

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: TROY SHARPE

D

07/13/2011

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