

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000107026

**FILED**  
**Oct 02, 2010**  
**Secretary of State**

**Entity Name:** VIP STAGING & HOME MANAGEMENT, LLC

**Current Principal Place of Business:**

2164 AUTUMN COVE CIRCLE  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

2164 AUTUMN COVE CIRCLE  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

**FEI Number:** 26-3726432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COPELAND, DANIEL M ESQ  
9310 OLD KINGS ROAD SOUTH, SUITE 1501  
JACKSONVILLE, FL 32257 US

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

OSBORNE, KIMBERLY L  
2164 AUTUMN COVE CIRCLE  
FLEMING ISLAND, FL 32003 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: KIMBERLY L. OSBORNE

10/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSBORNE, KIMBERLY L  
Address: 2164 AUTUMN COVE CIRCLE  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM  
Name: MCINNES, LAURA  
Address: 24733 HARBOUR VIEW DRIVE  
City-St-Zip: PONTE VEDRA, FL 32082

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: KIMBERLY L. OSBORNE

MGRM

10/02/2010

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