

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000010434

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Entity Name:** STROKES N NEEDLES, LLC

**Current Principal Place of Business:**

484 43RD AVE. N  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

484 43RD AVE. N  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:** 26-4170968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID C HASTINGS CPA PA  
2207 54TH ST. S  
GULFPORT, FL 33707 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: DAVID HASTINGS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KOSKE, GREGORY J  
Address: 484 43RD AVE. N  
City-St-Zip: ST. PETERSBURG, FL 33703

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: GREGORY KOSKE

RGRM

10/11/2010

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