

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000052048

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

**Entity Name:** AMPLISTYLE L.L.C.

**Current Principal Place of Business:**

9601 16TH STREET NORTH  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

9850 16TH STREET NORTH  
ST. PETERSBURG, FL 33716 US

**Current Mailing Address:**

9601 16TH STREET NORTH  
ST. PETERSBURG, FL 33716 US

**New Mailing Address:**

9850 16TH STREET NORTH  
ST. PETERSBURG, FL 33716 US

FEI Number: 27-0291241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILKIN, ROBERT  
9601 16TH STREET NORTH  
ST. PETERSBURG, FL 33716 US

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

WILKIN, ROBERT  
9850 16TH STREET NORTH  
ST. PETERSBURG, FL 33716 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: ROBERT WILKIN

01/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILKIN, ROBERT  
Address: 9850 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGRM  
Name: WILKIN, ROBERT JR  
Address: 9850 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGRM  
Name: WILKIN, STEPHANIE  
Address: 9850 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716 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: ROBERT WILKIN

MGRM

01/13/2011

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