

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000095975

**Entity Name:** S. LANE FOWLER, CPA, PLLC

**FILED**  
**Dec 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13833 WELLINGTON TRACE ROAD  
SUITE E4  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

13833 WELLINGTON TRACE ROAD  
SUITE E4  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 US

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

FOWLER, STEVEN  
1203 PRIMROSE LANE  
WELLINGTON, FL 33414 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: STEVEN FOWLER

12/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: FOWLER, S.

Address: 13833 WELLINGTON TRACE ROAD

City-St-Zip: WELLINGTON, FL 33414 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: STEVEN FOWLER

MGRM

12/20/2010

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