

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000059123

Entity Name: SYNCHROSPECT, LLC

**FILED**  
**Oct 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4204 W. SYLVAN RAMBLE STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

4115 W. KENSINGTON AVENUE  
TAMPA, FL 33639

**Current Mailing Address:**

P.O. BOX 18631  
TAMPA, FL 33679

**New Mailing Address:**

FEI Number: 27-2812718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLLAND, BRUCE W JR.  
4204 W. SYLVAN RAMBLE STREET  
TAMPA, FL 33609 US

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

HOLLAND, BRUCE W JR.  
4115 W. KENSINGTON AVENUE  
TAMPA, FL 33629 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: BRUCE W. HOLLAND JR

10/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLLAND, BRUCE W JR.  
Address: 4115 W. KENSINGTON AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: MGRM  
Name: DEMARTINI, RICHARD  
Address: 31300 SOMERSET CIRCLE  
City-St-Zip: LIBERTYVILLE, IL 60048

Title: MGRM  
Name: HOLLAND, JANET L  
Address: 4115 W. KENSINGTON AVE  
City-St-Zip: TAMPA, FL 33629

Title: MGRM  
Name: DEMARTINI, LESLEY  
Address: 31300 W. SOMERSET CIRCLE  
City-St-Zip: LIBERTYVILLE, IL 60048

Title: MGRM  
Name: KLUZEK, JOHN  
Address: 3115 W. BARCELONA ST.  
City-St-Zip: TAMPA, FL 33629

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: BRUCE W. HOLLAND JR.

MGR

10/05/2011

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