

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000087607

Entity Name: STOCKHOLM, LLC

FILED
Jun 25, 2012
Secretary of State

Current Principal Place of Business:

4087 FLORAL WOOD COURT
ORLANDO, FL 32812

New Principal Place of Business:

4493 36TH STREET
ORLANDO, FL 32811

Current Mailing Address:

4087 FLORAL WOOD COURT
ORLANDO, FL 32812

New Mailing Address:

4493 36TH STREET
ORLANDO, FL 32811

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM B. PRINGLE, III, P.A.
390 NORTH ORANGE AVENUE, SUITE 2100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

THOMAS, MYLES N
4493 36TH STREET
ORLANDO, FL 32811 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: MYLES THOMAS

06/25/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ARTER, CHRISTOPHER
Address: 4682 ARCADIA AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: MGR
Name: THOMAS, OLIVER
Address: 5342 GREENSIDE COURT
City-St-Zip: ORLANDO, FL 32819

Title: MGR
Name: BARRETT, BRADLEY
Address: 4087 FLORAL WOOD COURT
City-St-Zip: ORLANDO, FL 32812

Title: MGR
Name: HICKLE, EDWARD
Address: C/O 3314 QUAIL WEST COURT
City-St-Zip: ORLANDO, FL 32812

Title: MGR
Name: LLOYD, JEREMIAH
Address: 4731 DEER ROAD
City-St-Zip: ORLANDO, FL 32812

Title: MGR
Name: THOMAS, NICK
Address: 5342 GREENSIDE COURT
City-St-Zip: ORLANDO, FL 32819

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: OLIVER THOMAS

MGR

06/25/2012

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