

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000077458

**FILED**  
**Apr 15, 2014**  
**Secretary of State**

**Entity Name:** STEPHANIE W. PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

4437 TIMBER HOLLOW WAY  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4437 TIMBER HOLLOW WAY  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 27-3569322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHISLER, STEPHANIE M  
4437 TIMBER HOLLOW WAY  
JACKSONVILLE, FL 32224 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:** STEPHANIE WHISLER

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** WHISLER, STEPHANIE M  
**Address:** 4437 TIMBER HOLLOW WAY  
**City-St-Zip:** JACKSONVILLE, FL 32224

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** STEPHANIE WHISLER

MGRM

04/15/2014

Electronic Signature of Authorized Person

Date