

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000092424

**Entity Name:** THE WOOLRIDGE GROUP, LLC

**FILED**  
**Nov 26, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

10014 N. DALE MABRY  
38  
TAMPA, FL 33618

**New Principal Place of Business:**

12000 N. DALE MABRY  
222  
TAMPA, FL 33618

**Current Mailing Address:**

10014 N. DALE MABRY  
38  
TAMPA, FL 33618

**New Mailing Address:**

12000 N. DALE MABRY  
222  
TAMPA, FL 33618

**FEI Number:** 45-2949146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOLRIDGE, DAMITA J  
13929 CHERRY DALE LANE  
TAMPA, FL 33618 US

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

WOOLRIDGE, DAMITA J  
12000 N. DALE MABRY HWY  
222  
TAMPA, FL 33618 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: DAMITA WOOLRIDGE

11/26/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: WOOLRIDGE, DAMITA J  
Address: 12000 N. DALE MABRY #222  
City-St-Zip: TAMPA, FL 33618

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: DAMITA WOOLRIDGE

OWNE

11/26/2013

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