

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000092424

**FILED**  
**Nov 07, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

12000 N. DALE MABRY  
222  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

12000 N. DALE MABRY  
222  
TAMPA, FL 33618

**New Mailing Address:**

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

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

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

**SIGNATURE:** DAMITA WOOLRIDGE

OWNE

11/07/2014

Electronic Signature of Authorized Person

Date