


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000001252	
1. Entity Name STARLING PROPERTIES, LLC	

Principal Place of Business 610 E. 6TH AVENUE TALLAHASSEE, FL 32303	Mailing Address PO BOX 16163 TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # 1918 W. Tennessee St.	3. Mailing Address 1918 W. Tennessee St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

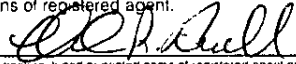
City & State Tallahassee Florida	City & State Tallahassee Florida
Zip 32304	Zip 32304
Country US	Country US

10132011 REIN-LLC CR2E101 (1/07)

4. FEI Number 59-3525474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WIMBERLEY, DONNA 610 E 6TH AVE TALLAHASSEE, FL 32303
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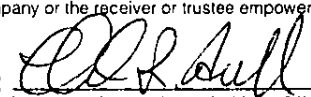
7. Name and Address of New Registered Agent Name Charles R. Howell Street Address (P.O. Box Number is Not Acceptable) 1918 W. Tennessee St. City Tallahassee FL Zip Code 32304
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 10/13/11

FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOWELL, CHARLES R 610 E 6TH AVENUE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WIMBERLEY, DONNA 610 E. 6TH AVENUE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M Howell, Charles R. 1918 W. Tennessee St. Tallahassee, FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M Wimberley, Donna 610 E. 6th Avenue Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100213267221 10/13/11--01030--007 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.	
SIGNATURE: 	DATE 10/13/11 DAYTIME PHONE # 850-594-3242

**FILED**  
11 OCT 13 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**