

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L99000000686

**FILED**  
**Dec 04, 2007**  
**Secretary of State**

**Entity Name:** CAPITAL CITY STRATEGIES, P.L.

**Current Principal Place of Business:**

826 WASHINGTON STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 786  
TALLAHASSEE, FL 32301

**New Mailing Address:**

826 WASHINGTON STREET  
TALLAHASSEE, FL 32303

**FEI Number:** 26-6371308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUSLEY, LORANNE E  
826 WASHINGTON STREET  
TALLAHASSEE, FL 32303 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: LORANNE AUSLEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AUSLEY, LORANNE E  
Address: 826 WASHINGTON STREET  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LORANNE AUSLEY

MGRM

12/04/2007

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