

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M00000000550

Entity Name: MAPLE COMPANY, L.L.C.

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2400 FIRST STREET, STE. 200  
FORT MYERS, FL 33901

**New Principal Place of Business:**

2400 FIRST STREET, STE. 212  
FORT MYERS, FL 33901

**Current Mailing Address:**

735 GODDARD AVE  
CHESTERFIELD, MO 63005

**New Mailing Address:**

2400 FIRST STREET, STE. 212  
FORT MYERS, FL 33901

FEI Number: 43-1860126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HUBBARD, STEVEN W  
2320 FIRST STREET, SUITE 1000  
FORT MYERS, FL 33901      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: ROETZEL & ANDRESS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JANSON, CHRISTOPHER P  
Address: 735 GODDARD AVE  
City-St-Zip: CHESTERFIELD, MO 63005

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: JANSON, CHRISTOPHER P  
Address: 2400 FIRST STREET SUITE 212  
City-St-Zip: FORT MYERS, FL 33901

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: CHRIS JANSON

MGRM

10/31/2008

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