

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000005630

1. Entity Name
LIVINGSTONE TITLE, LLC



Principal Place of Business
1440 BLOOMINGDALE AVE.
VALRICO, FL 33594

Mailing Address
1440 BLOOMINGDALE AVE.
VALRICO, FL 33594

2. Principal Place of Business - No P.O. Box #

~~1440 Bloomingdale Ave~~

Suite, Apt. #, etc.

3. Mailing Address

2401 US Hwy 70 SW

Suite, Apt. #, etc.

City & State

~~Hickory, NC~~

Zip

~~28602~~

Country

~~USA~~

City & State

Hickory, NC

Zip

28602

Country

USA

10282008 REIN-LLC CR2E101 (1/07)

4. FEI Number

56-2675376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Northwest Consulting Group, LLC

Street Address (P.O. Box Number is Not Acceptable)

1438 Bloomingdale Ave.

City

Valrico

FL

Zip Code

33594

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

Chastan Shields Chastan Shields Manager

10-29-08

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME S3 PARTNERS, LLC
STREET ADDRESS 2225 E. BAYSHORE ROAD SUITE 200
CITY-ST-ZIP PALO ALTO, CA 94303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager ☒ Change ☐ Addition
NAME Convergent Management Group, LLC
STREET ADDRESS 2401 Hwy 70 SW
CITY-ST-ZIP Hickory, NC 28602

TITLE ☐ Change ☐ Addition
NAME 600137581338
STREET ADDRESS 11/03/08--01070--006
CITY-ST-ZIP **238.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

Chastan Shields Manager

10-29-08

928-267-0512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

08 NOV -4 PM 12:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT