

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M99000001240

Entity Name: VOLANT L.L.C.

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1925 SIXTH STREET SO  
NAPLES, FL 34102

**New Principal Place of Business:**

2312 CLIPPER WAY  
NAPLES, FL 34104

**Current Mailing Address:**

1925 SIXTH STREET SO  
NAPLES, FL 34102

**New Mailing Address:**

2312 CLIPPER WAY  
NAPLES, FL 34104

FEI Number: 65-0928001      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:**

THOMAS, LINDSEY J MGRM  
1925 SIXTH STREET SOUTH  
NAPLES, FL 34102      US

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

THOMAS, BOWER J MGRM  
2312 CLIPPER WAY  
NAPLES, FL 34104      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: BOWER J THOMAS

10/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: THOMAS, LINDSEY J  
Address: 1925 SIXTH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: THOMAS, BOWER J  
Address: 2312 CLIPPER WAY  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOWER J THOMAS

MR

10/11/2005

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