## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000099950

Entity Name: OLD KINGS PLANTATION, LLC

**Current Principal Place of Business:** 

5465 VERNA BLVD.

JACKSONVILLE, FL 32205

**Current Mailing Address:** 

PO BOX 6898

JACKSONVILLE, FL 32236

FEI Number: 16-1738438 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLD KINGS PLANTATION, LLC 5465 VERNA BLVD JACKSONVILLE, FL 32205 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: WILLIAM M BRANNEN 01/27/2015

Electronic Signature of Registered Agent

Date

FILED Jan 27, 2015

**Secretary of State** 

CR2088404260

Authorized Person(s) Detail:

Title MGR Title MGR

Name JAMES, KELLY M Name FRESHWATER, CHARLES D

Address 5465 VERNA BLVD. Address 5465 VERNA BLVD.

City-State-Zip: JACKSONVILLE FL 32205 City-State-Zip: JACKSONVILLE FL 32205

Title MGR Title MGR

Name BRANNEN, WILLIAM M Name EFFINGER, JERRY L JR.

Address 5465 VERNA BLVD Address 5465 VERNA BLVD

City-State-Zip: JACKSONVILLE FL 32205 City-State-Zip: JACKSONVILLE FL 32205

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM M BRANNEN

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

01/27/2015