

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000011243

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Entity Name:** VILLAGE WALK SOUTH OF VERO BEACH, LLC

**Current Principal Place of Business:**

630 S. MAITLAND AVE.  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

630 S. MAITLAND AVE.  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 59-3734452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNCAN, BRUCE G  
308 EAST FIFTH AVE.  
MOUNT DORA, FL 32757 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:** BRUCE G. DUNCAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** KENNEDY, RAY  
**Address:** 1068 MCKEAN CIR  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** MGR ( ) Delete  
**Name:** BENHAM, BEN O TRUSTEE  
**Address:** 2003 VIA TUSCANNY RD.  
**City-St-Zip:** WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

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

**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:** RAY A. KENNEDY

MGR

10/09/2007

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