2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# L01000014897

Entity Name: POWERS & ANDERSON LLC

Current Principal Place of Business:

12011 N 52ND ST
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

12011 N 52ND ST
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 65-1135414 **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:

POWERS, HAMPTON M II
12011 N. 52ND STREET
TEMPLE TERRACE, FL 33617 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: HAMPTON M. POWERS II

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANDERSON, TIMOTHY W
Address: 2401 SECOND AVE E
City-St-Zip: BRADENTON, FL 34208 US

Title: MGRM (X) Delete
Name: POWERS, HAMPTON M II
Address: 12011 N 52ND ST
City-St-Zip: TEMPLE TERRACE, FL 33617 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POWERS, HAMPTON M
Address: 12011 N. 52ND STREET
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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: HAMPTON M. POWERS II MGRM 10/20/2009

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