


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000012565		
1. Entity Name DODGE CITY MANAGEMENT, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -1 AM 8:33

Principal Place of Business 10041 PINES BLVD SUITE A PEMBROKE PINES, FL 33026	Mailing Address 1801 NW 119TH TERRACE PEMBROKE PINES, FL 33026
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2. Principal Place of Business Suite, Apt. #, etc. 10950 SW 48th STREET City & State Cooper City, FL Zip 33328 Country USA	3. Mailing Address Suite, Apt. #, etc. 10950 SW 48th STREET City & State Cooper City, FL Zip 33328 Country USA
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11302006 REIN-LLC CR2E101 (11/05)

4. FEI Number 01-0698930	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DODGE, CHARLES F 1801 NW 119TH TERRACE PEMBROKE PINES, FL 33026
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10950 SW 48th STREET City Cooper City FL Zip Code 33328
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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 Charles F. Dodge DATE 11/29/06

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DODGE, CHARLES F 1801 NW 119TH TERRACE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10950 SW 48th STREET Cooper City, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
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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: Charles F. Dodge 11/29/06 954-562-6604