

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024363

Entity Name: DAKOTA ENTERPRISES, LLC

FILED
Oct 13, 2005
Secretary of State

Current Principal Place of Business:

10032 N RANCH HAND AVE
DUNNELLON, FL 34433

New Principal Place of Business:

Current Mailing Address:

PO BOX 1420
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 30-0116783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWPER, RUSSELL
14690 SW 34TH TERRACE RD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

COWPER, RUSSELL
10032 N. RANCH
D, FL 34473 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: RUSSELL COWPER

10/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COWPER, RUSSELL
Address: 15690 SW 34TH TERRACE RD
City-St-Zip: OCALA, FL 34473

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COWPER, RUSSELL
Address: 14690 SW 34TH TERRACE RD
City-St-Zip: OCALA, FL 34473

Title: MGR () Change (X) Addition
Name: COWPER, ANNA A
Address: P.O. BOX 1420
City-St-Zip: DUNNELLON, FL 34430

Title: MGR () Change (X) Addition
Name: COWPER, DEVENIA L
Address: P.O. BOX 1420
City-St-Zip: DUNNELLON, FL 34430

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: RUSSELL COWPER

MGRM

10/13/2005

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