

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000024363

**Entity Name:** DAKOTA ENTERPRISES, LLC

**FILED**  
**Oct 10, 2006**  
**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  
10032 N. RANCH  
D, FL 34473 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:** DEVENIA COWPER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

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

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 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:** DEVENIA COWPER

MGR

10/10/2006

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