

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000002753

Entity Name: SILVER TREE, LLC

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

4410 N.W. 84TH TERRACE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4410 N.W. 84TH TERRACE
OCALA, FL 34482

New Mailing Address:

912 NE 9TH AVE
OCALA, FL 34470

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

DEBERRY, THOMAS W JR.
912 N. E. 9TH AVENUE
OCALA, FL 34470 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: THOMAS DEBERRY JR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEBERRY, AMBER G
Address: 4410 N.W. 84TH TERRACE
City-St-Zip: OCALA,, FL 34482 US

Title: MGRM () Delete
Name: DEBERRY, THOMAS W DEBERRY
Address: 912 N. E. 9TH AVENUE
City-St-Zip: OCALA,, FL 34482 US

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: DEBERRY, JESSICA L
Address: 912 NE 9TH AVE
City-St-Zip: OCALA,, FL 34470 US

Title: MR. (X) Change () Addition
Name: DEBERRY, THOMAS W JR
Address: 912 N. E. 9TH AVENUE
City-St-Zip: OCALA,, FL 34470 US

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: THOMAS DEBERRY JR.

MGR

04/03/2007

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