

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000011974

Entity Name: VILLAGE RESIDENCES, LLC

FILED
Nov 06, 2009
Secretary of State

Current Principal Place of Business:

209 TOWN CENTER BLVD.
DAVENPORT, FL 33896

New Principal Place of Business:

Current Mailing Address:

209 TOWN CENTER BLVD.
DAVENPORT, FL 33896

New Mailing Address:

FEI Number: 30-0168897 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:

Name and Address of New Registered Agent:

MARLING, HEIDI J
209 TOWN CENTER BLVD
DAVENPORT, FL 33896 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: HEIDI J. MARLING

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARLING, HEIDI J
Address: 209 TOWN CENTER BLVD
City-St-Zip: DAVENPORT, FL 33896

Title: MGR () Delete
Name: CARR, JAMES S
Address: 11 DAVE LANE
City-St-Zip: MALVERN, PA 19355

Title: MGR () Delete
Name: DRAKE, DANA
Address: 417 OVERLAND DR
City-St-Zip: BRANDON, FL 33511

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 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: HEIDI J. MARLING

MGR

11/06/2009

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