2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# L03000020956

Entity Name: MIND YOUR MANORS, LLC

Current Principal Place of Business:

1516 AMELIA CIRCLE
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

95299 BERMUDA DRIVE
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

1516 AMELIA CIRCLE
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

95299 BERMUDA DRIVE
FERNANDINA BEACH, FL 32034 US

FEI Number: 20-0481844 **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:

TUCKER, SHEILA H
1516 AMELIA CR.
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

TUCKER, SHEILA H
95299 BERMUDA DRIVE
FERNANDINA BEACH, FL 32034 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: SHEILA H. TUCKER 11/03/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TUCKER, SHEILA H
Address: 1516 AMELIA CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TUCKER, SHEILA H
Address: 95299 BERMUDA DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: SHEILA H. TUCKER MGRM 11/03/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date