



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 19 AM 7:48

DOCUMENT # L03000045408					
1. Entity Name KYLE DUNN, LLC					
Principal Place of Business 55 HICKORY TRACK WAY OCALA, FL 34472 US			Mailing Address 55 HICKORY TRACK WAY OCALA, FL 34472 US		
2. Principal Place of Business 55 Hickory TRK way Suite, Apt. #, etc.		3. Mailing Address 55 Hickory TRK way Suite, Apt. #, etc.			
City & State Ocala, Fla.		City & State Ocala, Fla.		4. FEI Number 2004103569	
Zip 34472		Country marion		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, KYLE 55 HICKORY TRACK WAY OCALA, FL 34472			7. Name and Address of New Registered Agent Name: Kyle Dunn Street Address (P.O. Box Number is Not Acceptable): 55 Hickory TRK Way City: Ocala FL Zip Code: 34472		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Kyle B. Dunn</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE: <u>12-17-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			* Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, KYLE 55 HICKORY TRACK WAY OCALA, FL 34472	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700062514107 12/30/05--01059--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700062514107 12/30/05--01059--024 **5.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Kyle B. Dunn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>12-17-05/352/895-3233</u> <small>Daytime Phone #</small>	