

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000049384

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** ROHDE FAMILY, LLC

**Current Principal Place of Business:**

3554 FRIARS COVE  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 420067  
KISSIMMEE, FL 347420067

**New Mailing Address:**

**FEI Number:** 20-0445498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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: WILLIAM R LOWMAN JR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VST  
Name: HARRIS, LISA R  
Address: 3554 FRIARS COVE RD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRP  
Name: RHODE, EDWIN H JR  
Address: 4402 ROHDE RD  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRV  
Name: ROHDE, EDWIN H III  
Address: 3600 LAKE TOHOPEKALIGA RD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRV  
Name: ROHDE, JOHN D  
Address: 115 THREE CROSS DR  
City-St-Zip: KENANSVILLE, FL 34739

Title: MGRV  
Name: ROHDE, NATHAN L  
Address: 4400 ROHDE RD  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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: LISA R HARRIS

VST

03/17/2011

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