

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000054062

Entity Name: DAVID C FIELDS L.L.C.

FILED  
Nov 26, 2009  
Secretary of State

**Current Principal Place of Business:**

331 BLAKE AVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

331 BLAKE AVE  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 20-0632255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIELDS, DAVID C  
331 BLAKE AVE  
ORANGE PARK, FL 32073 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: DAVID C FIELDS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FIELDS, DAVID C  
Address: 331 BLAKE AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: S ( ) Delete  
Name: FIELDS, JEAN R  
Address: 331 BLAKE AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete  
Name: FIELDS, FLOYD C  
Address: 331 BLAKE AVE.  
City-St-Zip: ORANGE PARK, FL 32073

**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: DAVID C FIELDS

MGRM

11/26/2009

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