


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 19 AM 10:22

DOCUMENT # L03000055906

1. Entity Name
C.V. BURKHALTER LLC



Principal Place of Business
4412 E COLUMBUS DR
TAMPA, FL 33605 US

Mailing Address
4412 E COLUMBUS DR
TAMPA, FL 33605 US

2. Principal Place of Business
750 Deer Creek Rd
Bismarck Ark
City & State
Zip 71929 Country Hot Springs

3. Mailing Address
750 Deer Creek Rd
Bismarck Ark
City & State
Zip 71929 Country Hot Springs



10312005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0517748

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BURKHALTER, CHARLES V
4412 E COLUMBUS DR
TAMPA, FL 33605

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Charles V. Burkhalter DATE 12-13-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 BURKHALTER, CHARLES V 4412 E COLUMBUS DR TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200062513992 12/30/05--01059--019 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITCHELL, HARRIS R 4412 E COLUMBUS DR TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles V. Burkhalter DATE 12-13-05 DAYTIME PHONE # 813-620-9505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE