

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

DOCUMENT# L04000001641

**Entity Name:** LARKIN PROPERTIES, LLC

**Current Principal Place of Business:**

39651 LARKIN LAKE DR  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

39651 LARKIN LAKE DR  
DADE CITY, FL 33525

**New Mailing Address:**

P.O. BOX 1747  
DADE CITY, FL 33526

**FEI Number:** 20-0566148      **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:**

LARKIN, JON S PSTD  
P.O. BOX 1747  
DADE CITY, FL 33526      US

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

LARKIN, JON S PSTD  
39651 LARKIN LAKE DR.  
DADE CITY, FL 33526      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: JON LARKIN

03/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SID LARKIN & SON, IN, C.  
Address: 39651 LARKIN LAKE DR  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES:**

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: JON LARKIN

PRES

03/19/2008

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