

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000005723

FILED
Apr 22, 2009
Secretary of State

Entity Name: VISION TITLE OF DELAND, LLC

Current Principal Place of Business:

138 WEST NEW YORK AVENUE
SUITE 1
DELAND, FL 32720

New Principal Place of Business:

120 S. WOODLAND BLVD., SUITE A
DELAND, FL 32720

Current Mailing Address:

138 WEST NEW YORK AVENUE
SUITE 1
DELAND, FL 32720

New Mailing Address:

668 N. ORLANDO AVE. #1007
MAITLAND, FL 32751

FEI Number: 20-0569747 **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:

BARTLE, DOUGLAS W II
668 N. ORLANDO AVENUE #1007
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BARTLE, DOUGLAS W II
668 N. ORLANDO AVENUE #1007
668 N. ORLANDO AVE. #1007
MAITLAND, FL 32751 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: DOUG BARTLE

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HOWARD, SHARON
Address: 668 N. ORLANDO AVENUE #1007
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: BARTLE, DOUG
Address: 668 N. ORLANDO AVENUE #1007
City-St-Zip: MAITLAND, FL 32751

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: DOUG BARTLE

MR.

04/22/2009

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