

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000005978

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Entity Name:** DAVID REED DEVELOPMENT, LLC

**Current Principal Place of Business:**

4376 BRANDYWINE DR  
SARASOTA, FL 34241 US

**New Principal Place of Business:**

4132 CARRIAGE CIRCLE  
SARASOTA, FL 34241 US

**Current Mailing Address:**

4376 BRANDYWINE DR  
SARASOTA, FL 34241 US

**New Mailing Address:**

4132 CARRIAGE CIRCLE  
SARASOTA, FL 34241 US

**FEI Number:** **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:**

REED, DAVID  
4376 BRANDYWINE DR  
SARASOTA, FL 34241 US

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

REED, DAVID A  
4132 CARRIAGE CIRCLE  
SARASOTA, FL 34241 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: DAVID A REED

10/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REED, DAVID  
Address: 4376 BRANDYWINE DR  
City-St-Zip: SARASOTA, FL 34241 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REED, DAVID A  
Address: 4132 CARRIAGE CIRCLE  
City-St-Zip: SARASOTA, FL 34241 US

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 A REED

MGR

10/28/2008

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