

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000006029

**FILED**  
**Mar 26, 2007**  
**Secretary of State**

**Entity Name:** THE HOUSE CLARICE BUILT, L.L.C.

**Current Principal Place of Business:**

3144 BERWYN WAY  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

13146 GRANDVIEW  
OVERLAND PARK, KS 66213

**New Mailing Address:**

3144 BERWYN WAY  
THE VILLAGES, FL 32162

**FEI Number:** 20-0631395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** CAROL M. DENGEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** DENGEL, CLARICE A  
**Address:** 3144 BERWYN WAY  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** MGR ( ) Delete  
**Name:** DENGEL, CAROL M  
**Address:** 13146 GRANDVIEW ST.  
**City-St-Zip:** OVERLAND PARK, KS 66213

**ADDITIONS/CHANGES:**

**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 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:** CAROL M. DENGEL

MGR

03/26/2007

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