

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000006508

FILED
Nov 27, 2005
Secretary of State

Entity Name: WILLIAM SCOTT DICKEY LLC

Current Principal Place of Business:

253 WEST 10TH STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

6003 KINGSLEY LAKE DRIVE
STARKE, FL 32091 US

Current Mailing Address:

253 WEST 10TH STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

6003 KINGSLEY LAKE DRIVE
STARKE, FL 32091 US

FEI Number: 20-0650954 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:

DICKEY, WILLIAM S
253 WEST 10TH STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

DICKEY, WILLIAM S
6003 KINGSLEY LAKE DRIVE
STARKE, FL 32091 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: WILLIAM SCOTT DICKEY

11/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DICKEY, WILLIAM S
Address: 253 WEST 10TH STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DICKEY, WILLIAM S
Address: 6003 KINGSLEY LAKE DRIVE
City-St-Zip: STARKE, FL 32091 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM SCOTT DICKEY

MR

11/27/2005

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