

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000007048

Entity Name: DEVON M. JOHNS, LLC

**FILED**  
**Jul 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5526 NW 29TH ST  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

21668 NW 75TH AVE  
MICANOPY, FL 32667

**Current Mailing Address:**

5526 NW 29TH ST  
GAINESVILLE, FL 32653

**New Mailing Address:**

P O BOX 422  
MICANOPY, FL 32667

FEI Number: 56-2433760      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:**

DEEGAN, TIMOTHY P  
9200 NW 36TH PLACE  
SUITE A  
GAINESVILLE, FL 32606 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: TIMOTHY P DEEGAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JOHNS, DEVON M  
Address: 5526 NW 29TH ST  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: JOHNS, DEVON M  
Address: 21668 NW 75TH AVE  
City-St-Zip: MICANOPY, FL 32667

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: DEVON M JOHNS

MGR

07/30/2009

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