


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 OCT 19 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000014166 1. Entity Name JERRY LAXTON LLC					
Principal Place of Business 46 BODIFORD LANE CRAWFORDVILLE, FL 32327			Mailing Address 46 BODIFORD LANE CRAWFORDVILLE, FL 32327		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <div style="font-size: 2em; text-align: center;">B/K</div>			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			10112005 REIN-LLC CR2E101 (6/04)		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LAXTON, JERRY 46 BODIFORD LANE CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE <i>Jerry Laxton</i> (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAXTON, JERRY 46 BODIFORD LANE CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060923311 10/25/05--01058--018 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>Jerry Laxton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			10/13/05 Date Daytime Phone #		

REINSTATEMENT 2005