

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000021177

Entity Name: JOHN MANNING LLC

FILED  
Feb 08, 2007  
Secretary of State

**Current Principal Place of Business:**

508 AVILLA AVENUE  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

5389 HUFF ROAD  
ELKTON, FL 32033

**Current Mailing Address:**

508 AVILLA AVENUE  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

5389 HUFF ROAD  
ELKTON, FL 32033

FEI Number: 20-0881019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANNING, JOHN  
508 AVILLA AVENUE  
ST AUGUSTINE, FL 32084 US

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

MANNING, JOHN  
5389 HUFF ROAD  
ELKTON, FL 32033 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: JOHN MANNING

02/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MANNING, JOHN  
Address: 508 AVILLA AVENUE  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MANNING, JOHN  
Address: 5389 HUFF ROAD  
City-St-Zip: ELKTON, FL 32033

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: JOHN MANNING

MAN

02/08/2007

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