

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022060

1. Entity Name
LEXTERRA, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:35

Principal Place of Business
25 WALTER MARTIN ROAD, N.E.
FORT WALTON BEACH, FL 32548

Mailing Address
25 WALTER MARTIN ROAD, N.E.
FORT WALTON BEACH, FL 32548

2. Principal Place of Business
909 Mar Walt Drive
Suite, Apt. #, etc.
1014

3. Mailing Address
909 Mar Walt Drive
Suite, Apt. #, etc.
1014

10092006 REIN-LLC CR2E101 (11/05)

City & State
Fort Walton Beach, FL

City & State
Fort Walton Beach, FL

4. FEI Number 51-050-7645
APPLIED FOR

Applied For
Not Applicable

Zip
32547

Country
Okaloosa

Zip
32547

Country
Okaloosa

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD, N.E.
FORT WALTON BEACH, FL 32548

Name
Street Address (P.O. Box Number is Not Acceptable)
909 Mar Walt Drive,
Ste. 1014
City
Fort Walton Beach FL Zip Code
32547

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, 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.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD, N.E.
FORT WALTON BEACH, FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Grimsley, James W.
909 Mar Walt Drive, Ste. 1014
Fort Walton Beach, FL 32547 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

90611111 2006 850-863-4064