

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAY 17 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.



DOCUMENT # L04000026207					
1. Entity Name RICHARD D. MCLELAND, LLC					
Principal Place of Business 18 BETHESDA PARK CIRCLE BOYNTON BEACH, FL 33435 U			Mailing Address 18 BETHESDA PARK CIRCLE BOYNTON BEACH, FL 33435 U		
2. Principal Place of Business, No P.O. Box # 145 SW 9th Ave		3. Mailing Address 145 SW 9th Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number 20-1287039	
Zip 33435		Country USA		Applied For Not Applicable	
Zip 33435		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCLELAND, RICHARD D 10 D STREET BOYNTON BEACH, FL 33455			Name Richard D. Mcleland		
			Street Address (P.O. Box Number is Not Acceptable) 145 SW 9th Avenue		
			City Boynton Beach		FL Zip Code 33435
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$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	MGR MCLELAND, RICHARD E 10 D STREET BOYNTON BEACH, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 145 SW 9th Ave. Boynton Beach, FL 33435	
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 000103289530 05/25/07--01025--021 **100.00	
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	
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	
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 REINSTATEMENT 4-29-07	
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 	
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:			Date 4-29-07		Daytime Phone # 561-665-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					