

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02192007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000040973 1. Entity Name JOSEPH FRED TRICE LLC					
Principal Place of Business 8 CRESTWOOD LANE CRAWFORDVILLE, FL 32327			Mailing Address 8 CRESTWOOD LANE CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box # 121 Coleman Rd Suite, Apt. #, etc.		3. Mailing Address Same			
City & State Crawfordville Fla		City & State		4. FEI Number 34-1996689	
Zip 32327		Country Waterlita		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRICE, JOSEPH F 400 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Joseph Fred Trice Street Address (P.O. Box Number is Not Acceptable) 121 Crestwood Lane 121 Coleman Rd City Crawfordville FL Zip Code 32327		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM TRICE, JOSEPH F <input type="checkbox"/> Delete 400 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 Coleman Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Crawfordville, Fla 32327	
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 200088881072 02/21/07--01017--005 **105.00	
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	
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 2-19-07		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

REINSTATEMENT 2006-07