

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000045131

**Entity Name:** ADKISON FAMILY #1, LLC

**FILED**  
**May 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

619 VERMONT AVENUE  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

619 VERMONT AVENUE  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 90-0184829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOWARD, WANDA JEAN  
619 VERMONT AVENUE  
FT. WALTON BEACH, FL 32547 US

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

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: WANDA JEAN HOWARD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOWARD, WANDA JEAN  
Address: 619 VERMONT AVENUE  
City-St-Zip: FT. WALTON BEACH, FL 32547

I hereby 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: WANDA JEAN HOWARD

MGRM

05/21/2012

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