

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000051489

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** DPG,LLC.

**Current Principal Place of Business:**

3810 CANAL RD.  
LAKE WALES, FL 33898 US

**New Principal Place of Business:**

307 E. PALM ST.  
DAVENPORT, FL 33837 US

**Current Mailing Address:**

3810 CANAL RD.  
LAKE WALES, FL 33853 US

**New Mailing Address:**

307 E. PALM ST.  
DAVENPORT, FL 33837 US

**FEI Number:** 41-2151768      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GREENFIELD, DANIEL P  
3810 CANAL RD.  
LAKE WALES, FL 33898 US

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

GREENFIELD, DANIEL P  
307 E. PALM ST.  
DAVENPORT, FL 33837 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: DANIEL GREENFIELD

10/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GREENFIELD, DANIEL P  
Address: 3810 CANAL RD.  
City-St-Zip: LAKE WALES, FL 33898 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GREENFIELD, DANIEL P  
Address: 307 E. PALM ST.  
City-St-Zip: DAVENPORT, FL 33837 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL GREENFIELD

MGR

10/06/2005

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