

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 11 AM 9:25

9-15-06  
150.00

DOCUMENT # L04000051648

1. Entity Name  
CLASSIC OAKS VILLAGE, LLC



Principal Place of Business  
255 N.W. 40TH AVE.  
OCALA, FL 34482 US

Mailing Address  
255 NORTHWEST 40TH AVENUE  
SUITE 63  
OCALA, FL 34482 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11132006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
20-1371460

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HENDRIX, GLENNON L  
756 RIVERSIDE DR.  
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Glenn L Hendrix*  
Signature, typed or printed name of registered agent and title if applicable.

GLENNON L. HENDRIX  
(NOTE: Registered Agent signature required when reinstating)

11-21-06  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HENDRIX, GLENNON L  
STREET ADDRESS 756 RIVERSIDE DR.  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE MGR ☐ Delete  
NAME HENDRIX, PARRICIA L  
STREET ADDRESS 756 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
NAME 500082580765  
STREET ADDRESS 12/15/06--01057--005 \*\*150.00  
CITY-ST-ZIP

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

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

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

*Patricia L. Hendrix*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PATRICIA L. HENDRIX  
Date

11-21-06 352-351-5334  
Daytime Phone #