

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000058917

Entity Name: ELITE HORIZONS, LLC

FILED
Nov 09, 2005
Secretary of State

Current Principal Place of Business:

4489 US HWY 17-92 WEST
HAINES CITY, FL 33844 US

New Principal Place of Business:

PO BOX 381
HAINES CITY, FL 33845 US

Current Mailing Address:

4489 US HWY 17-92 WEST
HAINES CITY, FL 33844 US

New Mailing Address:

PO BOX 381
HAINES CITY, FL 33844 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, BILL
4489 US HWY 17-92 WEST
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

JOHNSON, BILL
PO BOX 381
HAINES CITY, FL 33845 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: BILL JOHNSON

11/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, BILL
Address: 4489 US HWY 17-92 WEST
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGR (X) Delete
Name: HASLEY, BARBARA E
Address: 4489 US HWY 17-92 WEST
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, BILL
Address: POBOX 381
City-St-Zip: HAINES CITY, FL 33844 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BILL JOHNSON

MGR

11/09/2005

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