


# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000064719		
1. Entity Name JERRY DAVIS DEVELOPMENT, L.L.C.		

Principal Place of Business 484 CLINTON ROAD LLOYD, FL 32337	Mailing Address P.O. BOX 336 LLOYD, FL 32337
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
DAVIS, JERRY G 484 CLINTON ROAD LLOYD, FL 32337	


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 	DATE 11/27/12
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50	Make check payable to Florida Department of State.
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JERRY G 484 CLINTON ROAD LLOYD, FL 32337 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date
E-MAIL ADDRESS	

FILED

12 NOV 27 AM 10:36

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

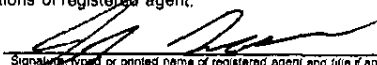


11272012 REIN-LLC CR2E101 (12/11)

4. FEI Number 55-0883481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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NOV 27 2012