

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000068100

Entity Name: DARREL WHITNEY LLC

FILED
Jun 27, 2006
Secretary of State

Current Principal Place of Business:

6910 KIMBERLY HEIGHTS LANE
JACKSONVILLE, FL 32222 US

New Principal Place of Business:

Current Mailing Address:

6910 KIMBERLY HEIGHTS LANE
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 90-0198669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITNEY, DARREL L SR
6910 KIMBERLY HEIGHTS LANE
JACKSONVILLE, FL 32222 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: DARREL L WHITNEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITNEY, DARREL L SR
Address: 6910 KIMBERLY HEIGHTS LANE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: MGRM () Delete
Name: WHITNEY, ROBERT W
Address: 6910 KIMBERLY HEIGHTS LANE
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: MGRM () Delete
Name: WHITNEY, MICHAEL J
Address: 6910 KIMBERLY HEIGHTS LANE
City-St-Zip: JACKSONVILLE, FL 32222 US

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: MICHAEL J WHITNEY

MGRM

06/27/2006

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