

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000070765</b> 1. Entity Name <b>CCC DEVELOPMENT, LLC</b>					
Principal Place of Business <b>215 DELTA COURT TALLAHASSEE, FL 32303</b>			Mailing Address <b>215 DELTA COURT TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business <b>1505 Capital Circle NW</b> Suite, Apt. #, etc.			3. Mailing Address <b>1505 Capital Circle NW</b> Suite, Apt. #, etc.		
City & State <b>Tallahassee, FL</b>			City & State <b>Tallahassee, FL</b>		
Zip <b>32303</b>		Country <b>USA</b>		Zip <b>32303</b>	
Country <b>USA</b>		4. FEI Number <b>202434952</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>DODSON, CHARLES 215 DELTA COURT TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CAIN, CHRIS 1537 SPRUCE AVE. TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MEEKS, CASEY 1978 R.L. WILSON LANE TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DODSON, CLAY 3201 REMINGTON RUN TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>REINSTATEMENT 2005</b>					
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>C. J. M.</i></u> <span style="float: right;">10-13-05 850-575-1639</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

05 OCT 20 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122005 REIN-LLC CR2E101 (6/04)

4. FEI Number **202434952** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

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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In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
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9. MANAGING MEMBERS/MANAGERS

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TALLAHASSEE, FL 32303

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3201 REMINGTON RUN  
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