

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000085933

**FILED**  
**Oct 14, 2005**  
**Secretary of State**

**Entity Name:** KING PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

158 LIVE OAK AVENUE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 587  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

**FEI Number:** 20-1964235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, SCOTT M  
34990 EMERALD COAST PARKWAY, STE. 301  
DESTIN, FL 32541 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: SCOTT M. CAMPBELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: KING, CHRISTOPHER T CEO  
Address: 158 EAST LIVE OAK AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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: CHRISTOPHER T, KING

MR

10/14/2005

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