



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 30 AM 9:39

DOCUMENT # L04000093750					
1. Entity Name RODNEY LEE BILLINGS LLC					
Principal Place of Business 2434 HAWK GRIFFIN PLANT CITY, FL 33565			Mailing Address 2434 HAWK GRIFFIN PLANT CITY, FL 33565		
2. Principal Place of Business Same		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 13-4290885	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BILLINGS, RODNEY LEE 2434 HAWK GRIFFIN PLANT CITY, FL 33565			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 <u>Rodney L. Billings</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				12-27-05 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BILLINGS, RODNEY LEE 2434 HAWK GRIFFIN PLANT CITY, FL 33565		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400062513714 12/30/05--01054--014 **150.00	
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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>Rodney L. Billings</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				12-27-05 813-716-7152 <small>Date Daytime Phone #</small>	