

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000003141

1. Entity Name
D L HARRIS AND ASSOOCIATES, LLC



Principal Place of Business
1024 PINEY-Z PLANTATION ROAD
TALLAHASSEE, FL 32311

Mailing Address
1024 PINEY-Z PLANTATION ROAD
TALLAHASSEE, FL 32311

FILED

06 OCT -9 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-2146511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES&JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/9/06

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HARRIS, DEMETRIUS L
STREET ADDRESS 1024 PINEY-Z PLANTATION ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE MGRM
NAME BRADWELL, JOI S
STREET ADDRESS 1701 LAKE BRADFORD RD
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

10/9/06

459-2324