

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000014024

1. Entity Name
OAKS OF CLAY COUNTY, LLC



Principal Place of Business
4590 C.R. 218 WEST
MIDDLEBURG, FL 32068

Mailing Address
P.O. BOX 795
MIDDLEBURG, FL 32068

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052007 REIN-LLC CR2E101 (1/07)

4. FEI Number
74-3146132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUGGINS, FRED R
4590 C.R. 218 WEST
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name John B. Moss
Street Address (P.O. Box Number is Not Acceptable)
1530 Business Center Dr., Ste. 4
City Orange Park FL Zip Code 32003

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)

3-5-07

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager ☐ Change ☒ Addition
NAME Fred R. Huggins
STREET ADDRESS 4590 C.R. 218 West
CITY-ST-ZIP Middleburg, FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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

3-5-07

Date

Daytime Phone #

FILED

2007 MAR 12 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07