

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000014219

Entity Name: GRAND OAKS REALTY, LLC

**FILED**  
**Oct 02, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

612 N. WAUKESHA ST.  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1331  
BONIFAY, FL 32425

**New Mailing Address:**

612 N. WAUKESHA ST.  
BONIFAY, FL 32425

FEI Number: 52-2453243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAISON, PRISCILLA Y  
906 MCGEE ROAD  
BONIFAY, FL 32425 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: PRISCILLA Y. FAISON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FAISON, PRISCILLA Y  
Address: PO BOX 1331  
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FAISON, PRISCILLA Y  
Address: 612 N. WAUKESHA ST.  
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PRISCILLA Y. FAISON

MGR

10/02/2008

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