

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Apr 04, 2008  
Secretary of State**

DOCUMENT# L05000017268

Entity Name: H. E. DICUS L.L.C.

**Current Principal Place of Business:**

P. O. BOX 3914  
HOLIDAY, FL 34692 US

**New Principal Place of Business:**

3051 LECANTO ST.  
HOLIDAY, FL 34691 US

**Current Mailing Address:**

P. O. BOX 3914  
HOLIDAY, FL 34692 US

**New Mailing Address:**

3051 LECANTO ST.  
HOLIDAY, FL 34691 US

FEI Number: 20-2368771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DICUS, HARRY E IV  
426 NEW YORK AVE  
DUNEDIN, FL 34698 US

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

DICUS, HARRY E IV  
3051 LECANTO ST.  
HOLIDAY, FL 34691 US

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: HARRY E DICUS IV

04/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DICUS, HARRY E IV  
Address: 426 NEW YORK AVE  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DICUS, HARRY E IV  
Address: 3051 LECANTO ST  
City-St-Zip: HOLIDAY, FL 34691 US

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: HARRY E DICUS IV

MGRM

04/04/2008

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