

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000023329

Entity Name: CHARLES CLEVINGER LLC

**FILED**  
**Oct 19, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

5790 AVONDALE RD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

5790 AVONDALE RD  
PENSACOLA, FL 32526

**New Mailing Address:**

FEI Number: 59-4284712      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:**

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

CLEVINGER, CHARLES  
5790 AVONDALE RD  
PENSACOLA, FL 32526      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: CHARLES CLEVINGER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CLEVINGER, CHARLES  
Address: 5790 AVONDALE RD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES CLEVINGER

MGR

10/19/2006

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