

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000026003

FILED
Nov 24, 2007
Secretary of State

Entity Name: ANDRIC PROPERTIES, LLC

Current Principal Place of Business:

11661 MEMORY LANE
FORT MYERS, FL 33919 US

New Principal Place of Business:

856 N TOWN AND RIVER DR
FORT MYERS, FL 33919 US

Current Mailing Address:

11661 MEMORY LANE
FORT MYERS, FL 33919 US

New Mailing Address:

856 N TOWN AND RIVER DR
FORT MYERS, FL 33919 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

DOWNEY, ERIC
5249-4 CEDARBEND DRIVE
FORT MYERS, FL 33919 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: ERIC DOWNEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCWILLIAMS, ANDREW
Address: 11661 MEMORY LANE
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: DOWNEY, ERIC
Address: 5249-4 CEDARBEND DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCWILLIAMS, ANDREW
Address: 856 N TOWN AND RIVER DR
City-St-Zip: FORT MYERS, FL 33919 US

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

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: ERIC DOWNEY

MGRM

11/24/2007

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