

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000027106

1. Entity Name
CONSORTIUM INVESTMENT GROUP, LLC



FILED

2009 MAR 24 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
141 S HIGHWAY 71
WEWAHITCHKA, FL 32465 US

Mailing Address
PO BOX 1393
WEWAHITCHKA, FL 32465 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wewahitchka FL.

City & State

Zip
32465

Country
USA

Zip
Country

03092009 REIN-LLC CR2E101 (1/07)

4. FEI Number
03-0558091

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, DANIEL III
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401

Name
William C. Dodson
Street Address (P.O. Box Number is Not Acceptable)
8104 Alabama Avenue

City Port ST. JOE FL Zip Code 32456

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 *William C. Dodson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/09

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS LESTER, JAMES E JR.
CITY-ST-ZIP 141 S. HIGHWAY 71
WEWAHITCHKA, FL 32465 ☐ Delete

TITLE
NAME MGRM
STREET ADDRESS Lester, James E. JR.
CITY-ST-ZIP 225 Whaley DR.
Wewahitchka, FL 32465 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: James E. Lester *James E. Lester Jr.*

3/16/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #