

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000044685

Entity Name: DAN LASHEA, LLC

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

729 MOCKINGBIRD LN
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

729 MOCKINGBIRD LN
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-2795004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HARDY, DANNY L
729 MOCKINGBIRD LN
DELAND, FL 32720 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: DANNY L HARDY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARDY, DANNY L
Address: 729 MOCKINGBIRD LN
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: CUMMINGS, TONY W
Address: 2313 SILVERHORN CT
City-St-Zip: GRAND PRAIRIE, TX 75050

Title: MGRM () Delete
Name: HARDY, VANESSA
Address: 729 MOCKINGBIRD LN
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

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

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

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: DANNY L HARDY

MGR

10/27/2008

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