

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000044688

**FILED**  
**Sep 20, 2013**  
**Secretary of State**

**Entity Name:** SHERWOOD LANE 3973, LLC

**Current Principal Place of Business:**

4142 ABBEY COURT  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

566 MAPLE LEAF CT  
HAINES CITY, FL 33844 US

**Current Mailing Address:**

4142 ABBEY COURT  
HAINES CITY, FL 33884 US

**New Mailing Address:**

PO BOX 1535  
HAINES CITY, FL 33845

**FEI Number:** 20-2795023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CENTRAL FLORIDA PROPERTY MANAGEMENT, LLC  
4142 ABBEY COURT  
HAINES CITY, FL 33884 US

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

SMITHERMAN, WILLIAM  
566 MAPLE LEAF CT  
HAINES CITY, FL 33844 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: WILLIAM SMITHERMAN

09/20/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITHERMAN, WILLIAM  
Address: 566 MAPLE LEAF CT  
City-St-Zip: HAINES CITY, FL 33844

I hereby 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: WILLIAM SMITHERMAN

MGR

09/20/2013

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