

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000047919

FILED
Oct 08, 2007
Secretary of State

Entity Name: EDWARD WHITE LLC

Current Principal Place of Business:

5683 FAIRVIEW DR.
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

5683 FAIRVIEW DR.
MILTON, FL 32570 US

New Mailing Address:

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:

Name and Address of New Registered Agent:

WHITE, EDWARD
5683 FAIRVIEW DR.
MILTON, FL 32570 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: EDWARD WHITE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITE, EDWARD
Address: 5683 FAIRVIEW DR.
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: WHITE, SYLVIA
Address: 5683 FAIRVIEW DR.
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: SIMS, BOBBY
Address: 5661 DUPREE ROAD
City-St-Zip: MILTON, FL 32570

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: SYLVIA WHITE

MGRM

10/08/2007

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