

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -9 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000058228			
1. Entity Name CO3, LLC		Principal Place of Business PO BOX 180958 TALLAHASSEE, FL 32318	
Mailing Address PO BOX 180958 TALLAHASSEE, FL 32318		2. Principal Place of Business - No P.O. Box # 2004 Setting Sun Trail Suite, Apt. #, etc.	
3. Mailing Address 2004 Setting Sun Trail Suite, Apt. #, etc.		City & State Tallahassee Fl.	
City & State Tallahassee Fl.		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, SUSAN S 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLIFIELD, RIC PO BOX 180958 TALLAHASSEE, FL 32318	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUTCHESON, DAVID W 321 SPRUCE CREEK DRIVE TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GEORGE, ROBERT D 2004 SETTING SUN TRAIL TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:		10/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	