2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# L05000066858

Entity Name: HIDDEN MEADOWS LLC

Current Principal Place of Business:

2065 THOMASVILLE ROAD
2ND FLOOR
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2065 THOMASVILLE ROAD
2ND FLOOR
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 90-0169622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

DEAN, R CARLTON
2065 THOMASVILLE ROAD
2ND FLOOR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: R. CARLTON DEAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DEAN, R. CARLTON	
Address:	2065 THOMASVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308 US	
Title:	MGR	(X) Delete
Name:	COPELAND, DAVID B	
Address:	PO BOX 3444	
City-St-Zip:	TALLAHASSEE, FL 32315 US	
Title:	MGR	( ) Delete
Name:	DEAN, WILSON	
Address:	3130 RUE ROYALE	
City-St-Zip:	TALLAHASSEE, FL 32308 US	
Title:	MGR	(X) Delete
Name:	COPELAND, CHRIS	
Address:	PO BOX 3444	
City-St-Zip:	TALLAHASSEE, FL 32315 US	

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:	
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: CARLTON DEAN MGR 10/19/2009

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