

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000069086

FILED
Aug 22, 2007
Secretary of State

Entity Name: ICC 133, LLC

Current Principal Place of Business:

725 BALLARD BRIDGE ROAD
CARROLLTON, GA 30117 US

New Principal Place of Business:

13000 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

7127 1ST AVENUE S.
ST. PETERSBURG, FL 33707 US

New Mailing Address:

13000 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

LEAVENGOOD & NASH, P.A.
7127 1ST AVENUE S.
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

CROWDER, JONATHAN C
13000 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903 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: JONATHAN C CROWDER

08/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROWDER, JONATHAN C
Address: 725 BALLARD BRIDGE ROAD
City-St-Zip: CARROLLTON, GA 30117 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CROWDER, JONATHAN C
Address: 13000 TURTLE COVE TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903 US

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: JONATHAN C CROWDER

MGRM

08/22/2007

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