

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000076436

FILED
Feb 02, 2007
Secretary of State

Entity Name: WYCHE PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

550 HICKORY STREET
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 167
MONTICELLO, FL 32345

New Mailing Address:

180 S CHERRY ST
SUITE B
MONTICELLO, FL 32344

FEI Number: 03-0567667 **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:

WARD, TERESA C
245 EAST WASHINGTON STREET
MONTICELLO, FL FL US

Name and Address of New Registered Agent:

WYCHE, VANNESS P
180 S. CHERRY STREET
SUITE B
MONTICELLO, FL FL 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: VANNESS WYCHE

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WYCHE, BARRY SR.
Address: 550 HICKORY STREET
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM () Delete
Name: WYCHE, VANNESS P
Address: 550 HICKORY STREET
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES:

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 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: VANNESS WYCHE

MGRM

02/02/2007

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