

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000093642

**FILED**  
**Oct 02, 2006**  
**Secretary of State**

**Entity Name:** VILLAGES OF NAVARRE, LLC

**Current Principal Place of Business:**

7509 NORTH SHORES DRIVE  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

1754 SEA LARK LANE  
NAVARRE, FL 32566 US

**Current Mailing Address:**

7509 NORTH SHORES DRIVE  
NAVARRE, FL 32566 US

**New Mailing Address:**

1754 SEA LARK LANE  
NAVARRE, FL 32566 US

**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:**

LYNCHARD LAW FIRM, P.A.  
7552 NAVARRE PKWY  
SUITE 9  
NAVARRE, FL 32566 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: LANE LYNCHARD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: PHYSICIANS DIRECTIVE, S, INC.  
Address: 7509 NORTH SHORES DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

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: WAYNE BURNETT

MGRM

10/02/2006

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