

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000094525

Entity Name: ROBERT WOODDELL LLC

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

6315 HILLTOP AV
APT#D
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

6315 HILLTOP AV
APT#D
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 30-0224665 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:

Name and Address of New Registered Agent:

WOODDELL, ROBERT A
6315 HILLTOP AV
APT#D
PANAMA CITY BEACH, FL 32408 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: ROBERT A WOODDELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOODDELL, ROBERT A
Address: 6315 HILLTOP AV #D
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM (X) Delete
Name: WALKER, FREDDERICK D
Address: 1600 FLORIDA AV E117
City-St-Zip: PANAMA CITY, FL 32444 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOODDELL, ROBERT A
Address: 6315 HILLTOP AV #D
City-St-Zip: PANAMA CITY BEACH, FL 32408 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: ROBERT A WOODDELL

MGRM

04/02/2007

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