

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000099767

FILED
Oct 11, 2006
Secretary of State

Entity Name: SVLM UNIVERSAL REALTY & INVESTMENT SERVICES, LLC

Current Principal Place of Business:

4282 MCKINNON ROAD
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 154
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 56-2541409 **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:

ANDERSON, SAMUEL K
4282 MCKINNON ROAD
WINDERMERE, FL 34786 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: SAMUEL K. ANDERSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: ANDERSON, SAMUEL K
Address: PO BOX 154
City-St-Zip: WINDERMERE, FL 34786 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: ANDERSON, VEANIE
Address: PO BOX 154
City-St-Zip: WINDERMERE, FL 34786 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: ANDERSON, LANGSTON K
Address: PO BOX 154
City-St-Zip: WINDERMERE, FL 34786 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: ANDERSON, MALCOLM Z
Address: PO BOX 154
City-St-Zip: WINDERMERE, FL 34786 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: SAMUEL K. ANDERSON

MGR

10/11/2006

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