

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000107927

FILED
Sep 07, 2007
Secretary of State

Entity Name: FAMILY FIRST INVESTMENTS OF FLORIDA, LLC

Current Principal Place of Business:

3761 NOVA ROAD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3761 NOVA ROAD
PORT ORANGE, FL 32129

New Mailing Address:

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:

KILMAN, AARON F
3761 NOVA ROAD
PORT ORANGE, FL 32129 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: AARON KILMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: KILMAN, AARON F
Address: 3761 NOVA ROAD
City-St-Zip: PORT ORANGE, FL 32129

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

Title: MGR () Delete
Name: KILMAN, RICAHRD L
Address: 1535 S.E. 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

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

Title: MGR () Delete
Name: KNIGHTON, RONALD H
Address: 1811 WILLOW OAK DRIVE
City-St-Zip: EDGEWATER, FL 32132

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

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: AARON KILMAN

MGR

09/07/2007

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