2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# L05000108343

Entity Name: JOSEPH WEBSTER LLC

Current Principal Place of Business:

259 MT ZION RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

259 MT ZION RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

WEBSTER, JOSEPH L
259 MT ZION RD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: JOSEPH WEBSTER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEBSTER, JOSEPH
Address: 259 MT ZION RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete
Name: WEBSTER, JOHN
Address: 128 SHEPHARDWOOD ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: WEBSTER, STEPHEN D
Address: 259 MT ZION RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: JOSEPH WEBSTER MGRM 09/30/2008

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