

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113366

Entity Name: DAVE B. HOWELL LLC

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

7350 CR 557
POLK CITY, FL 33868

New Principal Place of Business:

2635 HWY 557
LAKE ALFRED, FL 33850

Current Mailing Address:

7350 CR 557
POLK CITY, FL 33868

New Mailing Address:

2635 HWY 557
LAKE ALFRED, FL 33850

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:

HOWELL, DAVE B SR.
7350 CR 557
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

HOWELL, DAVE B SR.
2635 HWY 557
LAKE ALFRED, FL 33850 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: DAVE B HOWELL

05/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWELL, DAVE B SR.
Address: 7350 CR 557
City-St-Zip: POLK CITY, FL 33868

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWELL, DAVE B SR.
Address: 2635 HWY 557
City-St-Zip: LAKE ALFRED, FL 33850

Title: MGRM () Change (X) Addition
Name: MITCHELL, JORDAN
Address: 2544 HWY 557
City-St-Zip: LAKE ALFRED, FL 33850

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: DAVE B HOWELL

MGRM

05/09/2008

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