

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000120485

**FILED**  
**May 05, 2009**  
**Secretary of State**

**Entity Name:** SHANE DAVIS, LLC.

**Current Principal Place of Business:**

7540 E IRLO BRONSON MEMORIAL HWY.  
ST CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

7540 E IRLO BRONSON MEMORIAL HWY.  
ST CLOUD, FL 34771 US

**New Mailing Address:**

FEI Number: 20-3963498      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:**

DAVIS, SHANE  
7540 E IRLO BRONSON MEMORIAL HWY  
ST CLOUD, FL 34771 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: SHANE L. DAVIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DAVIS, SHANE  
Address: 7450 E IRLO BRONSON MEMORIAL HWY  
City-St-Zip: ST CLOUD, FL 34771

**ADDITIONS/CHANGES:**

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: SHANE L. DAVIS

P

05/05/2009

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