

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000123293

Entity Name: ANTS, LLC

FILED  
Nov 27, 2007  
Secretary of State

**Current Principal Place of Business:**

18562 N.E. LOIS FOWLER DRIVE  
BLOUNTSTOWN, FL 324244353

**New Principal Place of Business:**

18562 N.E. LOIS FOWLER DRIVE  
BLOUNTSTOWN, FL 32424 US

**Current Mailing Address:**

P.O. BOX 885  
BLOUNTSTOWN, FL 324240885

**New Mailing Address:**

P.O. BOX 885  
BLOUNTSTOWN, FL 32424 US

FEI Number: 32-0167160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLOWAY, AARON R  
18562 N.E. LOIS FOWLER DRIVE  
BLOUNTSTOWN, FL 324244353 US

**Name and Address of New Registered Agent:**

HOLLOWAY, AARON R  
18562 N.E. LOIS FOWLER DRIVE  
BLOUNTSTOWN, FL 32424 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 HOLLOWAY

11/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOLLOWAY, AARON R  
Address: 18562 N.E. LOIS FOWLER DRIVE  
City-St-Zip: BLOUNTSTOWN, FL 324244353

Title: MGR ( ) Delete  
Name: FLOWERS, THOMAS G  
Address: 15944 S.W. EMMETT'S LOOP  
City-St-Zip: BLOUNTSTOWN, FL 324244930

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOLLOWAY, AARON R  
Address: 18562 N.E. LOIS FOWLER DRIVE  
City-St-Zip: BLOUNTSTOWN, FL 32424 US

Title: MGR (X) Change ( ) Addition  
Name: FLOWERS, THOMAS G  
Address: 15944 S.W. EMMETT'S LOOP  
City-St-Zip: BLOUNTSTOWN, FL 32424 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: AARON HOLLOWAY

MGR

11/27/2007

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