2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# L06000006186

Entity Name: LESLIE SCHOFIELD LLC

Current Principal Place of Business:

262 ALFORD RD
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

PO BOX 776
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

262 ALFORD RD.
DEFUNIAK SPRINGS, FL 32433

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:

SCHOFIELD, LESLIE
PO BOX 776
DEFUNIAK SPRINGS, FL 32535 US

Name and Address of New Registered Agent:

SCHOFIELD, LESLIE
262 ALFORD RD.
DEFUNIAK SPRINGS, FL 32433 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: LESLIE M. SCHOFIELD 03/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHOFIELD, LESLIE
Address: PO BOX 776
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHOFIELD, LESLIE
Address: 262 ALFORD RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: LESLIE M. SCHOFIELD MGRM 03/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date