## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000012330

Entity Name: DEVISE LLC

FILED Jun 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

971 BULKHEAD ROAD

GREEN COVE SPRINGS, FL 32043

Current Mailing Address: New Mailing Address:

971 BULKHEAD ROAD PO BOX 133

GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043

FEI Number: 22-3921078 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: TIMOTHY HEALY

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition STRICKLAND, PAT STRICKLAND, PAT C MGR Name: Name: 971 BULKHEAD ROAD Address: 708 CALICO JACK WAY Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: MEADOWS, CARRIE Name: MEADOWS, CARRIE S MGR Address: 971 BULKHEAD ROAD Address: 708 CALICO JACK WAY

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

 Title:
 S () Delete
 Title:
 S (X) Change () Addition

 Name:
 MEADOWS, CARRIE
 Name:
 MEADOWS, CARRIE S S

 Address:
 971 BULKHEAD ROAD
 Address:
 708 CALICO JACK WAY

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Name: STRICKLAND, PAT Name: STRICKLAND, PAT C T
Address: 971 BULKHEAD ROAD Address: 708 CALICO JACK WAY

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: CARRIE S MEADOWS MGR 06/05/2008