

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000023624

Entity Name: LAND FINDERS LLC

FILED
Sep 19, 2007
Secretary of State

Current Principal Place of Business:

190 CUMBERLAND AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

756 LAKE SHORE TARR
INTERLACHEN, FL 32148

Current Mailing Address:

190 CUMBERLAND AVE
ORMOND BEACH, FL 32174

New Mailing Address:

756 LAKE SHORE TARR
INTERLACHEN, FL 32148

FEI Number: 20-4426388 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:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

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: JOE LOGUIDICE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEEKS, DAVID
Address: 190 CUMBERLAND AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Delete
Name: LOPER, PALMER
Address: 190 CUMBERLAND AVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEEKS, DAVID
Address: 756 LAKE SHORE TARR
City-St-Zip: INTERLACHEN, FL 32148

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: DAVID WEEKS

MGR

09/19/2007

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