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Account Name : FLOYD & SAMMONS, P.A.
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LIMITED LIABILITY REINSTATEMENT

COLLANY PROPERTIES, LLC

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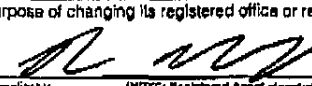
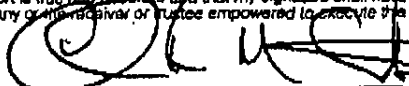
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2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FAX AUDIT #H07000287822

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000037530			
1. Entity Name COLLANY PROPERTIES, LLC			
Principal Place of Business 393 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880		Mailing Address 393 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAMMONS, ROBERT O 1566 SIXTH STREET SE WINTER HAVEN, FL 33880		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 11/28/2007	
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Christopher Collany 393 E. Central Ave. Winter Haven, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Winter Haven, FL 33880 ☐ Delete KATHLEEN COLLANY - MGRM 393 Central Ave.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Winter Haven, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 11/28/2007 863295-9886	

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