

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000037681

FILED
Nov 13, 2007
Secretary of State

Entity Name: AKRE, L.L.C.

Current Principal Place of Business:

530 ZEAGLER DRIVE, SUITE B
PALATKA, FL 32177

New Principal Place of Business:

6061 ST JOHNS AVE
SUITE A
PALATKA, FL 32177

Current Mailing Address:

530 ZEAGLER DRIVE, SUITE B
PALATKA, FL 32177

New Mailing Address:

PO BOX 22
EAST PALATKA, FL 32131

FEI Number: 20-4728204 **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:

Name and Address of New Registered Agent:

DOWNEY, KEVIN I
2631 NW 41ST STREET, SUITE B
GAINESVILLE, FL 32606 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: DOWNEY KEVIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: AKHIYAT, NEZHA
Address: PO BOX 22
City-St-Zip: EAST PALATKA, FL 32131

Title: MGR () Change (X) Addition
Name: AKHIYAT, MOHAMED M
Address: PO BOX 22
City-St-Zip: EAST PALATKA, FL 32131

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: MOHAMED AKHIYAT

MGR

11/13/2007

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