


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

|   |  |   |
|---|--|---|
| DOCUMENT # L06000040130                 |  |  |
| 1. Entity Name<br>BRIAN C PATTERSON LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>6840 CORAL COVE DRIVE<br>ORLANDO, FL 32818 | Mailing Address<br>6840 CORAL COVE DRIVE<br>ORLANDO, FL 32818 |
|---|---|

|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

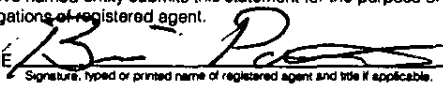
|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

12292008 REIN-LLC CR2E101 (1/07)

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>Not Applicable |
|---------------------------------|-------------------------------|

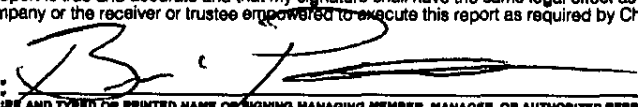
|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
|----------------------------------|--|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>PATTERSON, BRIAN C SR.<br>6840 CORAL COVE DRIVE<br>ORLANDO, FL 32818 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 12/29/08 |

|  |  |  |
|--|--|--|
| FILE NOW!!! FEE IS \$138.75<br>After January 1, 2009, Fee will be \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|--|--|--|

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|--|---|--|---|
| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PATTERSON, BRIAN C SR.<br>6840 CORAL COVE DRIVE<br>ORLANDO, FL 32818 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | L. SELLERS<br>JAN 14 2009 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EXAMINER <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                              |
| SIGNATURE:    | DATE 12/29/08 (407) 953-1907 |

FILED  
09 JAN 13 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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REINSTATEMENT 08