

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 30, 2007**  
**Secretary of State**

DOCUMENT# L06000050542

**Entity Name:** FIVE MILE RADIUS LLC

**Current Principal Place of Business:**

1400 RATHHEL LN  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

1400 RATHHEL LN  
WESLEY CHAPEL, FL 33543 US

**Current Mailing Address:**

1400 RATHHEL LN  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

1400 RATHHEL LN  
WESLEY CHAPEL, FL 33543 US

**FEI Number:** 20-4880529      **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:**

RAULERSON, DEWAYNE  
1400 RATHHEL LN  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

OGLES, JIMMY L OWNER  
1400 RATHHEL LN  
WESLEY CHAPEL, FL 33543 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: JIMMY L OGLES

10/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OGLES, JIMMY  
Address: 1400 RATHHEL LN  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OGLES, JIMMY L  
Address: 1400 RATHHEL LN  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

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: JIMMY L OGLES

MANA

10/30/2007

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