

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000050863

1. Entity Name  
DAVIS FAMILY PROPERTIES, LLC



Principal Place of Business  
6994 STATE ROAD 66  
ZOLFO SPRINGS, FL 33890

Mailing Address  
6994 STATE ROAD 66  
ZOLFO SPRINGS, FL 33890

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6134 STATE RD 66

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ZOLFO SPRINGS, FL

Zip

Country

Zip

Country

33890

US

08082008 REIN-LLC CR2E101 (1/07)

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

MCCLURE, JOHN K  
230 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

Name  
JOHN K. MCCLURE

Street Address (P.O. Box Number is Not Acceptable)  
311 S Ridgewood DRIVE

City  
Sebring FL Zip Code  
33870

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

*John K McClure*

8/08/08

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DONALD T. DAVIS  
6994 STATE RD. 66  
ZOLFO SPRINGS, FL 33890 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300135594033  
09/09/08--01012--011 \*\*277.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ZOLFO SPRINGS, FL ☐ 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  
L. SELLERS  
SEP - 5 2008 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EXAMINER ☐ 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Donald T. Davis*

8/8/08

(863) 735-1016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #