

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000063607

**FILED**  
**Nov 11, 2008**  
**Secretary of State**

**Entity Name:** ODOM & CO., LLC

**Current Principal Place of Business:**

213 CHERRY STREET  
B  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

1365 HICKORY MARSH LN  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

213 CHERRY STREET  
B  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

1365 HICKORY MARSH LN  
NEPTUNE BEACH, FL 32266

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

ODOM, MATTHEW E  
213 CHERRY STREET  
B  
NEPTUNE BEACH, FL 32266 US

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

ODOM, MATTHEW E  
1365 HICKORY MARSH LN  
NEPTUNE BEACH, FL 32266 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: MATTHEW E ODOM

11/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ODOM, MATTHEW E  
Address: 213-B CHERRY STREET  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ODOM, MATTHEW E  
Address: 1365 HICKORY MARSH LN  
City-St-Zip: NEPTUNE BEACH, FL 32266

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: MATTHEW E ODOM

MGR

11/11/2008

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