

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000064657

FILED
Jan 09, 2008
Secretary of State

Entity Name: BUDDIES KOUNTRY KORNER LLC

Current Principal Place of Business:

287 STATE ROAD 207
E. PALATKA, FL 32131

New Principal Place of Business:

Current Mailing Address:

287 STATE ROAD 207
E. PALATKA, FL 32131

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

SHALLEY, ABE M
520 SOUTH BRIDGE CREEK DRIVE
JACKSONVILLE, FL 32259 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: ABE SHALLEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHALLEY, ABE M
Address: 520 SOUTH BRIDGE CREEK DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR () Delete
Name: SHALLEY, GEORGE M
Address: 1334 RIVERPLACE DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR () Delete
Name: HASSAN, MAZEN
Address: 287 STATE ROAD 207
City-St-Zip: E. PALATKA, FL 32131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ABE SHALLEY

MGR

01/09/2008

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