


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000067547		
1. Entity Name EMPLOYEE HOUSING CONNECTION OF FLORIDA, LLC		

FILED

09 MAR 31 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2361 IRIS WAY FORT MYERS, FL 33905 US	Mailing Address PO BOX 39 FORT MYERS, FL 33901
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 39
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03192009 REIN-LLC CR2E101 (1/07)

City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33902	Country Lee

4. FEI Number 205139107	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, DONALD D 2261 IRIS WAY FORT MYERS, FL 33905	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 <i>Donald D. Anderson</i>	DATE 3-20-09

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUST OF DONALD D. ANDERSON 8922 STONE RIDGE DRIVE WARREN, OH 44484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300147953033 03/30/09--01034--017 **282.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Donald D. Anderson Manager</i>	DATE: 3-20-09 330-2193097

REINSTATEMENT

2008-09

JB