2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 21, 2008
Secretary of State

DOCUMENT# L06000073245

Entity Name: FIELDS OF HEATHER LLC.

Current Principal Place of Business:

4511 S. HOPKINS AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

4511 S. HOPKINS AVE
TITUSVILLE, FL 32780

New Mailing Address:

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:

FLANAGAN, HEATHER
4511 S. HOPKINS AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

FREEMAN, HEATHER
4511 S. HOPKINS AVE
TITUSVILLE, FL 32780 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: HEATHER FREEMAN 11/21/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLANAGAN, HEATHER
Address: 4511 S. HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM (X) Delete
Name: FREEMAN, MATTHEW
Address: 4511 S. HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FREEMAN, MATTHEW
Address: 4511 S. HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32780

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: MATTHEW FREEMAN MGR 11/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date