

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000078587

FILED
Dec 13, 2007
Secretary of State

Entity Name: DAVDAN DEVELOPMENT LLC

Current Principal Place of Business:

5640 SW 6TH PLACE
SUITE 900
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

5640 SW 6TH PLACE
SUITE 900
OCALA, FL 34474 US

New Mailing Address:

13970 S US HWY 441
MICANOPY, FL 32667 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

JOHN, MCKIBBIN D JR
5640 SW 6TH PLACE
SUITE 900
OCALA, FL 34474 US

Name and Address of New Registered Agent:

HARVARD, MCKIBBIN D
13970 S US HWY 441
MICANOPY, FL 32667 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: HARVARD D MCKIBBIN

12/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHN, MCKIBBIN D JR
Address: 14299 SW 20TH PLACE
City-St-Zip: OCALA, FL 34481 US

Title: MGRM () Delete
Name: HARVARD, MCKIBBIN D
Address: 13970 S US HWY 441
City-St-Zip: MICANOPY, FL 32667 US

ADDITIONS/CHANGES:

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: HARVARD D MCKIBBIN

MGRM

12/13/2007

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