

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000086278

Entity Name: ASSEMBLY COURT, LLC

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1415 STICKLEY DRIVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

1415 STICKLEY DRIVE  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 20-5473464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WADDELL, ERIC J  
1415 STICKLEY DRIVE  
CELEBRATION, FL 34747 US

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

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: ERIC J. WADDELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WADDELL, ERIC J  
Address: 1415 STICKLEY DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: MGR ( ) Delete  
Name: WADDELL, EDITH A  
Address: 1415 STICKLEY DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: HOLTON FAMILY TRUST,  
Address: 1415 STICKLEY AVENUE  
City-St-Zip: CELEBRATION, FL 34747

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: ERIC J. WADDELL

MR

04/21/2008

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