


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000112476		
1. Entity Name VERDURA REALTY, LLC		

Principal Place of Business <del>2065 THOMASVILLE ROAD</del> TALLAHASSEE, FL 32308	Mailing Address <del>2065 THOMASVILLE ROAD</del> TALLAHASSEE, FL 32308
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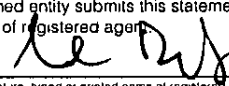
2. Principal Place of Business - No P.O. Box # 2624 Centennial Place	3. Mailing Address 6048 Miller Landing Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32308	Zip 32312
Country US	Country US

6. Name and Address of Current Registered Agent	
ROGERS, ARNIE 6048 MILLER LANDING COVE TALLAHASSEE, FL 32312	

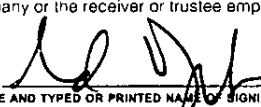
01142009 REIN-LLC	CR2E101 (1/07)
4. FEI Number 20-5923676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 	DATE 1-14-09
(NOTE: Registered Agent signature required when reinstating)	

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 ROGERS, ARNIE 6048 MILLER LANDING COVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: 	DATE: 1-14-09 DAYTIME PHONE: 850-491-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED

09 JAN 14 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
1-14-09  
01/14/09--01012--016 \*\*277.50



REINSTATEMENT 08-09-14