

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000114554

1. Entity Name
ALLIED LAND COMPANY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 NOV -4 PM 2:41

Principal Place of Business
1210 WINDING CHASE BLVD
WINTER SPRINGS, FL 32719 US

Mailing Address
1210 WINDING CHASE BLVD
WINTER SPRINGS, FL 32719 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10312008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
20-5980519

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/30/08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SPRAKER, ANDREW V ☐ Delete
STREET ADDRESS 1362 BELMAR TERRACE
CITY-ST-ZIP DELTONA, FL 32725

TITLE MGRM
NAME Andrew Spraker ☒ Change ☐ Addition
STREET ADDRESS 862 Hewitt Dr
CITY-ST-ZIP Port Orange FL 32127

TITLE MGRM
NAME STEPHENSON, BRIAN ☐ Delete
STREET ADDRESS 1210 WINDING CHASE BLVD
CITY-ST-ZIP WINTER SPRINGS, FL 32719

TITLE MGRM
NAME Brian Stephenson ☒ Change ☐ Addition
STREET ADDRESS 5662 Bloomingdale Ct
CITY-ST-ZIP Norcross GA 30092

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 500137569165
CITY-ST-ZIP 11/03/08--01047--012 **238.75

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/30/08