

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000012973

Entity Name: DOUGLAS-WELTER LLC

FILED
Oct 29, 2008
Secretary of State

Current Principal Place of Business:

141 GENTLE BREEZE DR
MINNEOLA, FL 34715

New Principal Place of Business:

917 S HIGHWAY 27
MINNEOLA, FL 34715

Current Mailing Address:

141 GENTLE BREEZE DR
MINNEOLA, FL 34715

New Mailing Address:

2 ORANGE BLOSSOM DRIVE
EUSTIS, FL 32726

FEI Number: 87-0795204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELTER, WILLIAM
141 GENTLE BREEZE DR
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

WELTER, WILLIAM
2 ORANGE BLOSSOM DRIVE
EUSTIS, FL 32726 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: WILLIAM WELTER

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOUGLAS-WELTER, CAROL
Address: 141 GENTLE BREEZE DR
City-St-Zip: MINNEOLA, FL 34715

Title: MGRM () Delete
Name: WELTER, WILLIAM
Address: 141 GENTLE BREEZE DR
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOUGLAS-WELTER, CAROL
Address: 2 ORANGE BLOSSOM DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: MGRM (X) Change () Addition
Name: WELTER, WILLIAM
Address: 2 ORANGE BLOSSOM DRIVE
City-St-Zip: EUSTIS, FL 32726

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: CAROL DOUGLAS-WELTER

MGRM

10/29/2008

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