

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000015696 1. Entity Name SPENCER FAMILY ENTERPRISES, L.L.C.				FILED 12 NOV -2 PM 12:46 TALLAHASSEE, FLORIDA	
Principal Place of Business 640 EAST CALL STREET TALLAHASSEE, FL 32301		Mailing Address 640 EAST CALL STREET TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box # 3222 SHARER RD. Suite, Apt. #, etc.		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL.		City & State		4. FEI Number 20-8427986	
Zip 32312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, WILLIAM E 640 EAST CALL STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name <i>William E. Spencer</i> Street Address (P.O. Box Number is Not Acceptable) 3222 Sharer Rd. City <i>Tallahassee</i> FL Zip Code <i>32312</i>		
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 <i>William E. Spencer</i> DATE <i>11-2-12</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SPENCER, WILLIAM E 640 EAST CALL STREET TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Mgrm. Spencer, William E.</i> <i>3222 Sharer Rd.</i> <i>Tallahassee, FL 32312</i>	
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	
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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: <i>William E. Spencer</i> <i>11-2-12</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS</small>					