

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000024060 1. Entity Name KEITH CRUM L.L.C.				FILED 09 APR 29 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6362 SPRINGHILL ROAD TALLAHASSEE, FL 32305		Mailing Address 6362 SPRINGHILL ROAD TALLAHASSEE, FL 32305			
2. Principal Place of Business - No P.O. Box # 42 Cayuse Dr Suite, Apt. #, etc.		3. Mailing Address 42 Cayuse Dr Suite, Apt. #, etc.			
City & State Crawfordville FL		City & State Crawfordville FL			
Zip 32327		Zip 32327			
Country US		Country US		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CRUM, KEITH 6362 SPRINGHILL ROAD TALLAHASSEE, FL 32305			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 42 Cayuse Dr City Crawfordville FL Zip Code 32327		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 Keith Anthony Crum DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUM, KEITH 6362 SPRINGHILL ROAD TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	42 Cayuse Dr Crawfordville FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUM, SHIRLEY 1003 SHADYWOOD TRAIL TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS APR 29 2009 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, IAN 6362 SPRINGHILL ROAD TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER <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	04/29/09 01027 001 <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	600153768376 04/29/09--01027--001 **277.50 <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	
REINSTATEMENT 0809					
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: Keith Anthony Crum <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					