

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000029917

FILED  
Jul 21, 2009  
Secretary of State

**Entity Name:** BUYERS DIRECT REAL ESTATE, LLC

**Current Principal Place of Business:**

1685 MANOR WAY  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2017  
DELEON SPRINGS, FL 32130

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

MITTELBERG, BARRY S  
1700 N UNIVERSITY DR  
FT LAUDERDALE, FL 33071 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: BARRY MITTELBERG

07/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOLLARD, DONALD L JR.  
Address: 1685 MANOR WAY  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: WOLLARD, CANDIE  
Address: 1685 MANOR WAY  
City-St-Zip: DELAND, FL 32720

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: DON WOLLARD

MGR

07/21/2009

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