2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000077907

1. Entity Name
FLORIDAN LLC

FILED
11 APR -8 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04062011 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
2032 HILL N DALE DR N TALLAHASSEE, FL 32317	2032 HILL N DALE DR N TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR — ☐ Applied For ☐ Not Applicable

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
DAVIS, CHARLES 150 CAROL ANN TRAIL TALLAHASSEE, FL 32317	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 X Charles E D 850-559-3453 4/7/2011
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 ☐ Delete DAVIS, ED MGRM 2032 HILL N DALE DR N TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete DAVIS, DORIS 2032 HILL N DALE DR N TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900200994629 04/08/11--01003--008 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10-11 48-11

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: 04-07-2011 850 566 0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ~~MEMBER, MANAGER~~, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #