

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000080582

1. Entity Name
ROOSTER CROSSING, L.L.C.



Principal Place of Business
121 WEST CLARK STREET
QUINCY, FL 32353

Mailing Address
121 WEST CLARK STREET
QUINCY, FL 32353

FILED

09 FEB 17 PM 2:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

02132009 REIN-LLC

CR2E101 (1/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, MONICA M
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Jason Boone
Street Address (P.O. Box Number is Not Acceptable)
121 W Clark St.

City Quincy

FL

Zip Code
32351

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

Jason Boone

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/7/09

DATE

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 MGR
NAME HIGDON, WILLIAM S ☒ Delete
STREET ADDRESS 121 WEST CLARK STREET
CITY-ST-ZIP QUINCY, FL 32353

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100143808431
02/17/09--01039--014 **277.50

TITLE MGR
NAME SHIVER, STANLEY G ☐ Delete
STREET ADDRESS 484 BEAVER CREEK ROAD
CITY-ST-ZIP HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Jason Boone
STREET ADDRESS 121 W Clark St.
CITY-ST-ZIP Quincy, FL 32351
☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

REINSTATEMENT 08, 09

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Jason Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/09 850 545 0196

Date

Daytime Phone #

FEB 18 2009