

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000081275

Entity Name: D. & A. VILLAGES, LLC

FILED
Dec 03, 2008
Secretary of State

Current Principal Place of Business:

8620 HWY # 466 - UNIT B
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

8620 HWY # 466 - UNIT B
THE VILLAGES, FL 32162

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:

JOSEPH L. BERNSTEIN, P.A.
707 SE 3RD AVE
THIRD FLOOR
FT LAUDERDALE, FL 333161155 US

Name and Address of New Registered Agent:

MOWRY, ALEXANDER D
8620 HWY # 466 - UNIT B
THE VILLAGES, FL 32162 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: ALEXANDER D MOWRY

12/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIGLIORE, DONALD
Address: 2411 NW 31ST CT
City-St-Zip: OAKLAND PARK, FL 33309

Title: MGRM (X) Delete
Name: MOWRY, ALEXANDER D
Address: 7668 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92009

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOWRY, ALEXANDER D
Address: 7668 EL CAMINO REAL
City-St-Zip: CARLSBAD, CA 92009

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

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: ALEXANDER D. MOWRY

MGRM

12/03/2008

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