

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000101177

FILED
Oct 30, 2008
Secretary of State

Entity Name: SYCAMORE TRACE ESTATES, LLC

Current Principal Place of Business:

11825 OLD LAKELAND HIGHWAY
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1474
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUVIL, JONATHAN L
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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: JINATHAN L. AUVIL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LARKIN, GORDON R
Address: 11825 OLD LAKELAND HIGHWAY
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM () Delete
Name: LARKIN, JOSEPHINE L
Address: 11825 OLD LAKELAND HIGHWAY
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

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

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: GORDON R. LARKIN

MGRM

10/30/2008

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