

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000125444

**FILED  
Apr 28, 2009  
Secretary of State**

**Entity Name:** JUDDY PERRY FAMILY INVESTMENTS, LLC

**Current Principal Place of Business:**

7547 S.E. 110TH ST. ROAD  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**  
7547 S.E. 110TH ST. ROAD  
BELLEVIEW, FL 34420

**New Mailing Address:**

FEI Number: 26-1663256      FEI Number Applied For ( )      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:**

PERRY, JUDDY  
7547 S.E. 110TH ST. ROAD  
BELLEVIEW, FL 34420 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: JUDDY PERRY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PERRY, JUDDY  
Address: 7547 S.E. 110TH ST. ROAD  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: PERRY, LILLIAN R  
Address: 7547 S.E. 100TH ST. ROAD  
City-St-Zip: BELLEVIEW, FL 34420

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: JUDDY PERRY

MANA

04/28/2009

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