

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000008937

FILED
Nov 10, 2009
Secretary of State

Entity Name: ALL SAINTS SQUARE WORKFORCE HOUSING, LLC

Current Principal Place of Business:

241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

500 ORCHARD POND RD
TALLAHASSEE, FL 32301

Current Mailing Address:

241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

New Mailing Address:

500 ORCHARD POND RD
TALLAHASSEE, FL 32301

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

WINCHESTER, DAN
241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PHIPPS, JEFF
500 ORCHARD POND ROAD
TALLAHASSEE, FL 32301 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: JEFF PHIPPS

11/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WINCHESTER, DAN
Address: 241 E. VIRGINIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR (X) Delete
Name: KNOX, JENNINGS
Address: 625 W. GAINES ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR (X) Delete
Name: JORDAN, THOMAS R
Address: 0104 325 JOHN KNOX RD.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR (X) Delete
Name: PHIPPS, JEFF
Address: 500 ORCHARD POND ROAD
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PHIPPS, JEFF
Address: 500 ORCHARD POND ROAD
City-St-Zip: TALLAHASSEE, FL 32301

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

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: JEFF PHIPPS

MGRM

11/10/2009

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