

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000049404

**FILED**  
**Oct 05, 2009**  
**Secretary of State**

**Entity Name:** LOVE SUWANNEE PROPERTIES & RENTALS, LLC

**Current Principal Place of Business:**

62 SE 228TH STREET  
SUWANNEE, FL 32692 US

**New Principal Place of Business:**

80 NE 758TH STREET  
OLD TOWN, FL 32680 US

**Current Mailing Address:**

PO BOX 87  
SUWANNEE, FL 32692 US

**New Mailing Address:**

**FEI Number:** 61-1603022 **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:**

**Name and Address of New Registered Agent:**

LOVELACE, GAYLE B  
133 SE 252ND STREET  
SUWANNEE, FL 32692 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: GAYLE B LOVELACE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: LOVELACE, GAYLE B  
Address: 133 SE 252ND STREET  
City-St-Zip: SUWANNEE, FL 32692 US

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

Title: MGRM (X) Delete  
Name: LOVELACE, GARFIE JOE  
Address: 133 SE 252ND STREET  
City-St-Zip: SUWANNEE, FL 32692 US

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: GAYLE B LOVELACE

MGR

10/05/2009

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