

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000067479

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** CHATMAN CENTER LLC

**Current Principal Place of Business:**

11259 GODWIT AVE  
WEEKI WACHEE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

11259 GODWIT AVE  
WEEKI WACHEE, FL 34613 US

**New Mailing Address:**

FEI Number: 26-2962035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, CALVIN D  
11259 GODWIT AVE  
WEEKI WACHEE, FL 34613 US

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

MILLER, STEVEN T  
11259 GODWIT AVE  
WEEKI WACHEE, FL 34613 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: STEVEN T. MILLER

06/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLER, STEVEN T  
Address: 11259 GODWIT AVE  
City-St-Zip: WEEKI WACHEE, FL 34613 US

I hereby 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: STEVEN T. MILLER

MGRM

06/14/2011

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