

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 06, 2009  
Secretary of State**

DOCUMENT# L08000079556

Entity Name: SERVICE FIRST, LLC

**Current Principal Place of Business:**

819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 20-1216014      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:**

LARSON, LOWELL C JR  
819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547      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: LOWELL C. LARSON, JR.,

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: SOUTHERN VENTURES OF OKALOOSA COUNTY, INC  
Address: 819 PINEDALE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: LOWELL C. LARSON, JR.

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11/06/2009

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