

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000082202

Entity Name: ACRE & ASSOCIATES LLC

FILED
Oct 20, 2009
Secretary of State

Current Principal Place of Business:

2807 NORTH TENTH STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

2807 NORTH TENTH STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

P O BOX 321
ST. AUGUSTINE, FL 32085

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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

AVERY, RONALD
2807 NORTH TENTH STREET
ST. AUGUSTINE, FL 32084 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: RONALD AVERY

10/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AVERY, RONALD
Address: 2807 NORTH TENTH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: AVERY, JOY
Address: 2807 NORTH TENTH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

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: RONALD AVERY

MGR

10/20/2009

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