

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000086388

**FILED**  
**Oct 17, 2010**  
**Secretary of State**

**Entity Name:** FLETCHERS' FLORIDA VILLAS LLC

**Current Principal Place of Business:**

504 LOCKBREEZE DRIVE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

504 LOCKBREEZE DRIVE  
DAVENPORT, FL 33897

**New Mailing Address:**

18 MANOR CLOSE  
SHRIVENHAM, SWINDON, UK SN6 8AE UK

**FEI Number:** 61-1570887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

FLETCHER, JULIE MRS  
504 LOCKBREEZE DRIVE  
DAVENPORT, FL 33897 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: JULIE FLETCHER

10/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLETCHER, NIGEL  
Address: 504 LOCKBREEZE DRIVE  
City-St-Zip: DAVENPORT, FL 33897

Title: S  
Name: FLETCHER, NIGEL  
Address: 504 LOCKBREEZE DRIVE  
City-St-Zip: DAVENPORT, FL 33897

Title: T  
Name: FLETCHER, JULIE  
Address: 504 LOCKBREEZE DRIVE  
City-St-Zip: DAVENPORT, FL 33897

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: JULIE FLETCHER

MRS

10/17/2010

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