2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000101534

Entity Name: LEITH BRIDGES, LLC

City-St-Zip:

WINTER HAVEN, FL 33880

FILED Oct 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 103 COVINGTON COVE SE WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** 103 COVINGTON COVE SE WINTER HAVEN, FL 33880 FEI Number: 26-3629942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELL, MATTHEW CPA 1420 CELEBRATION BLVD. SUITE 200 CELEBRATION, FL 34747 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: MATHEW BELL Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: CAMPBELL, SANDRA A Name: Address: 103 COVINGTON COVE SE Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CAMPBELL, CHRISTOPHER Name: Address: 103 COVINGTON COVE SE Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SING, MICHAEL K Name: Name: 103 COVINGTON COVE SE Address: Address:

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.

City-St-Zip:

SIGNATURE: CHRISTOPHER CAMPBELL MGRM 10/28/2009