

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000111495

**FILED**  
**Nov 10, 2011**  
**Secretary of State**

**Entity Name:** GARY FAMILY PROPERTIES, LLC

**Current Principal Place of Business:**

5810 S MAGNOLIA AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

5810 S MAGNOLIA AVENUE  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 26-3836610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARKIN, MARSHALL H  
149 S. RIDGEWOOD AVE.  
SUITE 210  
DAYTONA BEACH, FL 32114 US

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

BOULAND, JOHN T  
2340 N.E. 2ND STREET  
SUITE 300  
OCALA, FL 34470 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: JOHN T. BOULAND

11/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GARY, FAYE A  
Address: 5810 S. MAGNOLIA AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: MGRM  
Name: VAUGHN, GLADYS A  
Address: 7921 CYPRESS GROVE DRIVE  
City-St-Zip: CABIN JOHN, MD 20818 US

Title: MGRM  
Name: CHRISTIAN, OLLIE G  
Address: P.O. BOX 22528  
City-St-Zip: BATON ROUGE, LA 70808 US

Title: MGRM  
Name: GARY, HOMER II  
Address: 5810 S. MAGNOLIA AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: MGRM  
Name: HOPPS, JUNE G  
Address: 205 GRASSMERE COURT  
City-St-Zip: ROSWELL, GA 30075 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: FAYE A. GARY

MGRM

11/10/2011

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