


2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 SEP 27 AM 9:28

DOCUMENT # L09000076015 1. Entity Name HIDDEN VALLEY MANAGEMENT SERVICES L.L.C.					
Principal Place of Business 1838 N. MONROE ST. TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 3660 TALLAHASSEE, FL 32315		
2. Principal Place of Business - No P.O. Box # 1245 E. Lafayette St		3. Mailing Address 1245 E Lafayette St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee FL		4. FEI Number 09272010 REIN-LLC CR2E101 (1/07)	
Zip 32301		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, JESSE 1838 N. MONROE ST. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1245 E Lafayette St City Tallahassee FL Zip Code 32301		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Jesse Foster</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOSTER, JESSE 1838 N. MONROE ST. TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1245 E. Lafayette St Tallahassee FL 32301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STINSON, DONALD 1300 5TH PL NW BIRMINGHAM, AL 35215		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PELL, LOYD PO BOX 832 HOLLISTER, FL 32147		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
REINSTATEMENT					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Jesse Foster</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

N. Culligan SEP 27 2010