

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000105472

**FILED**  
**Oct 05, 2011**  
**Secretary of State**

**Entity Name:** VICTORY HOMES & PROPERTIES, LLC

**Current Principal Place of Business:**

10705 N ROME AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

10705 N ROME AVE  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 27-3648222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSE, KIMBERLY  
10705 N ROME AVE  
TAMPA, FL 33612 US

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

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:** KIMBERLY ROSE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HALES, LINDA K  
**Address:** 15316 PHILLIPS ROAD  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** MGRM  
**Name:** ROSE, CHRISTOPHER D  
**Address:** 10705 N ROME AVE  
**City-St-Zip:** TAMPA, FL 33612 US

**Title:** MGRM  
**Name:** HALES, STEVE J  
**Address:** 15316 PHILLIPS ROAD  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** MGRM  
**Name:** ROSE, KIM J  
**Address:** 10705 N ROME AVE  
**City-St-Zip:** TAMPA, FL 33612 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:** KIMBERLY ROSE

MGRM

10/05/2011

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