

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000111804

Entity Name: AMANDA L. DAVIS LLC

**FILED**  
**Sep 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2725 13TH STREET  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

121 EAST 13TH STREET  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

2725 13TH STREET  
SAINT CLOUD, FL 34769

**New Mailing Address:**

121 EAST 13TH STREET  
SAINT CLOUD, FL 34769

FEI Number: 27-3773854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, AMANDA L  
2725 13TH STREET  
SAINT CLOUD, FL 34769 US

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

DAVIS, AMANDA L  
121 EAST 13TH STREET  
SAINT CLOUD, FL 34769 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: AMANDA L DAVIS

09/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAVIS, AMANDA L  
Address: 121 EAST 13TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

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: AMANDA L DAVIS

MGRM

09/27/2011

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