## 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCU 1. Entity Nam JEFF DA					•	14 FEB	HILED 18 AMII	: 50				
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Principal Place of Business  3 CREEK SIDE COVE CRAWFORDVILLE, FL 32327  Mailing Address  3 CREEK SIDE CO CRAWFORDVILLE, FL 32327									TELL AFTE	THE FLOR	ATE RIDA	
									II TAII BAID W	AL HOR HILL BUILD IN	<b>!!</b>      <b>!!!</b>	
2. Principal P	Place of Busin	ness - No P.O. Box#	3. Mailing Address						8			
Suite Apt. #, etc. SOPChOPPY FL			Suita Apt. # atc. AVC			02182014	REIN-LLC	CR	2E101 (12/ <u>1</u> 1)			
City Stat			SOPCHOPPY FL				4. FEI Numb	er	·• · · · ·	<del>                                      </del>	Applicable	
Zip	P Country		72758	Zip Cour		<b>A</b> 5		Certificate of Status Desired				
	6. Name	and Address of Current R	Realstered Agent	•••	<u> </u>		7. Name and	Address of N	ew Registere	<u></u>	<del>'</del>	
		7. Name and Address of New Registered Agent Name										
DAVIS, JE 3 CREEK CRAWFO		Street Ac	eet Address (P.O. Box Number is Not Acceptable)									
					City				F	Zip Code	, .	
			the purpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the State			and accept	
the obligations of egiptered agent.												
SIGNATURE Signature hypto in printed prints of registered agent and utile if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE					F		k payable to tment of State	,				
9.	· ·	MANAGING MEMBER	I	10.				ADDITI	ONS/CHANG	ES		
TITLE .	MGRM	TITL	Ę	MERM DAVIS, Jeff 85 PARK AVE SOPCHOPPY FL 32350					Addition			
NAME	DAVIS, JI	NAV		DAV	is, Jet	4		,				
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NAME STREET ADDRESS		NAM STR	EET ADDRESS	L. SELLERS								
CITY- ST- ZIP						L. SELLENO						
TITLE	☐ Delete									Change /	Addition	
NAME OTDEET ADDRESS	NAME						JCTA	YTEN	MEN	JT 20 <sup>13</sup>	' <sub>' b</sub> ]	
STREET ADDRESS CITY- ST- ZIP				CITY	EET ADDRESS (+ ST- ZIP	لمقت	AN TL		ATT"T,	ำ ้าก	14	
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 acculate 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
CICNATURE: Kill 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIE E-MAIL ADDRESS												
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