

2008 LIMITED LIABILITY COMPANY REINSTATEMENT



FILED

08 FEB -1 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L93000000418 1. Entity Name SUWANNEE VALLEY AP SERVICES, LC				
Principal Place of Business 19620 NORTH COUNTY RD.349 O'BRIEN, FL 32071		Mailing Address 19620 NORTH COUNTY RD.349 O'BRIEN, FL 32071		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 58-2083195		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				

6. Name and Address of Current Registered Agent PAYNE, CINDY A 22316 144TH STREET LIVE OAK, FL 32060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Cindy A Payne Cindy A Payne 1-17-08
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	MGR
NAME	WIGHT, R P JR	NAME	WIGHT, R P JR
STREET ADDRESS	1421 MARY ANN AVE	STREET ADDRESS	421 BRACKSIDE PLACE
CITY-ST-ZIP	TIFTON, GA 31794	CITY-ST-ZIP	AMELIA ISLAND, FL 32034
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	TITLE	MGR
NAME	HALL, JOSEPH S	NAME	HALL, JOSEPH S.
STREET ADDRESS	RT 4 BOX 475	STREET ADDRESS	2901 HALL DRIVE
CITY-ST-ZIP	DONALSONVILLE, GA 31745	CITY-ST-ZIP	DONALSONVILLE GA 39845
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	400116034914
NAME		NAME	01/25/08--01004--010 **277.50
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 01-17-08

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: R Wight R. WIGHT, MGR 1-17-08 386-716-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #