

DOCUMENT # L94000000584

1. Entity Name

VILLAGE DEVELOPERS, L.C.

APPROVED
AND
FILED

02 DEC 10 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

33 PLANTERS CIRCLE
ROUTE 2, BOX 245
QUINCY FL 3235133 PLANTERS CIRCLE
ROUTE 2, BOX 245
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3276770

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEEKER, VAN P, C/O IGLER & DOUGHERTY, P.A.
215 SOUTH MONROE STREET
TALLAHASSEE FL 32301Name VAN P. GEEKER, C/O IGLER & DOUGHERTY, P.A.
Street Address (P.O. Box Number is Not Acceptable)

1501 PARK AVENUE EAST

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGMR
NAME WILLIAM G. CRAWFORD COMPANY, INC. ☐ Delete
STREET ADDRESS 33 PLANTERS CIR., ROUTE 2, BOX 245
CITY-ST-ZIP QUINCY FL 32351TITLE ☐ Change ☐ Addition
NAME 0000008440430-0
STREET ADDRESS -10/18/02--01011--004
CITY-ST-ZIP ****150.00 ****150.00TITLE MGMR
NAME LAWRENCE REALTY, INC. ☐ Delete
STREET ADDRESS 37 N. CLEVELAND STREET
CITY-ST-ZIP QUINCY FL 32351TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/14/02 850-875-8470

CR2E083 (4/02)