

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M04000005422

**FILED**  
**Oct 01, 2009**  
**Secretary of State**

**Entity Name:** WHITE CAP DEVELOPMENT, LLC

**Current Principal Place of Business:**

12230 CHATEAU COURT  
FISHERS, IN 46037

**New Principal Place of Business:**

**Current Mailing Address:**

12230 CHATEAU COURT  
FISHERS, IN 46037

**New Mailing Address:**

**FEI Number:** 37-1494107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BECKER & POLIAKOFF, P.A.  
12140 CARISSA COMMERCE COURT, #200  
FORT MYERS, FL 33966      US

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

GEESAMAN, WENDY  
740 ESTERO BOULEVARD  
FORT MYERS BEACH, FL 33931      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: WENDY GEESAMAN

10/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HENNESSEY, JOHN M  
Address: 12230 CHATEAU COURT  
City-St-Zip: FISHERS, IN 46037

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN M HENNESSEY

MGR

10/01/2009

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