2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# L04000072205

Entity Name: TRI COUNTY PORT O LET LLC

Current Principal Place of Business:

PO BOX 6
SUMMERFIELD, FL 32691

New Principal Place of Business:

Current Mailing Address:

PO BOX 6
SUMMERFIELD, FL 32691

New Mailing Address:

FEI Number: 20-1702873 **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:

COUTURE, EUGENE
15700 SE 73 AVE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

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: EUGENE COUTURE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COUTURE, EUGENE
Address: PO BOX 6
City-St-Zip: SUMMERFIELD, FL 32691

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: COUTURE, PAULINE
Address: PO BOX 6
City-St-Zip: SUMMERFIELD, FL 32691

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EUGENE COUTURE MGR 10/06/2005

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