

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000065963

FILED
Mar 30, 2009
Secretary of State

Entity Name: TEA LAKE INVESTMENT, LLC

Current Principal Place of Business:

11841 ISLAND AVE.
MATLACHA, FL 33933

New Principal Place of Business:

Current Mailing Address:

11841 ISLAND AVE.
MATLACHA, FL 33933

New Mailing Address:

16520 S. TAMIAMI TR.
SUITE 14
FT. MYERS, FL 33908

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

MORTON, JACK
11841 ISLAND AVE.
MATLACHA, FL 33933 US

Name and Address of New Registered Agent:

DEBAY, ALEX
16520 S. TAMIAMI TR.
SUITE 14
FT. MYERS, FL 33908 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: ALEX DEBAY

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACK MORTON,
Address: 11841 ISLAND AVE.
City-St-Zip: MATLACHA, FL 33933

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEBAY, ALEX
Address: 16520 S. TAMIAMI TR.
City-St-Zip: FT MYERS, FL 33908

Title: MGR () Change (X) Addition
Name: MORTON, JACK
Address: 11841 ISLAND AVE.
City-St-Zip: FT. MYERS, FL 33933

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: ALEX DEBAY

MGRM

03/30/2009

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