

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000082850

FILED
Oct 05, 2006
Secretary of State

Entity Name: SEA SAND, LLC

Current Principal Place of Business:

425 PINE AVENUE
ANNA MARIA, FL 34216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9
ANNA MARIA, FL 34216

New Mailing Address:

P.O. BOX 2000
ANNA MARIA, FL 34216

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: CHARLES JOHNSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: STOVER, RANDALL
Address: P.O. BOX 9
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM (X) Change () Addition
Name: STOVER, RANDALL
Address: P.O. BOX 2000
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM () Delete
Name: SANDERS, STEVEN D
Address: P.O. BOX 9
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM (X) Change () Addition
Name: SANDERS, STEVEN D
Address: P.O. BOX 2000
City-St-Zip: ANNA MARIA, FL 34216

I hereby certify that the information supplied with this filing does not qualify for the 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: RANDALL STOVER

MGRM

10/05/2006

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