

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 03, 2009
Secretary of State

DOCUMENT# L07000047224

Entity Name: BEACH BOUNCERS, LLC.

Current Principal Place of Business:

235 MIDDLEBURG DRIVE
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

235 MIDDLEBURG DRIVE
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 20-8972487 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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

OWENS, DAVID A
9860 S THOMAS DR
#721
PANAMA CITY BEACH, FL 32408 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: DAVID A OWENS

11/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTILLI, MICHELE
Address: 235 MIDDLEBURG DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGRM () Delete
Name: OWENS, TUESDAY
Address: 114 SEA GRASS WAY
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: OWENS, TUESDAY
Address: 9860 SOUTH THOMAS DR 721
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM () Change (X) Addition
Name: OWENS, DAVID A
Address: 9860 S THOMAS DR 721
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM () Change (X) Addition
Name: SANTILLI, TONY
Address: 235 MIDDLEBURG DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: DAVID A OWENS

MGRM

11/03/2009

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