

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000114684

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

**Entity Name:** O8O PARTNERS, LLC

**Current Principal Place of Business:**

2804 N 36TH STREET  
TAMPA, FL 33605 US

**New Principal Place of Business:**

**Current Mailing Address:**

2804 N 36TH STREET  
TAMPA, FL 33605 US

**New Mailing Address:**

FEI Number: 26-3883094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPISAK, KAREN G  
2804 N. 36TH STREET  
TAMPA, FL 33605 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: KAREN G SPISAK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPISAK, KAREN G  
Address: 3021 W. BAY VILLA  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM ( ) Delete  
Name: BELL, CHRISTOPHER J  
Address: 3021 W. BAY VILLA  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM ( ) Delete  
Name: BARRS, CHRISTOPHER C  
Address: 3620 OHIO AVENUE  
City-St-Zip: TAMPA, FL 33611 US

**ADDITIONS/CHANGES:**

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

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

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: KAREN G SPISAK

MGRM

10/01/2009

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