

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000005158

**FILED**  
**Dec 03, 2009**  
**Secretary of State**

**Entity Name:** TAMPA BAY INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

305 S. MACDILL AVENUE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

305 S. MACDILL AVENUE  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-3642830      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:**

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

BENNETT, PETER  
305 S. MACDILL AVENUE  
TAMPA, FL 33609 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: PETER BENNETT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SAMTER CONSTRUCTION, INC.  
Address: 305 S. MACDILL AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: PARKER INVESTMENTS  
Address: 3908 RYALWOOD COURT  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES:**

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: PETER BENNETT

PRES

12/03/2009

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