

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000012696

Entity Name: MIKE'S DOCKSIDE, LLC

**FILED**  
**Nov 19, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1611 GUNN HWY  
ODESSA, FL 33556

**New Principal Place of Business:**

10 DODECANSESE BLVD  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

P.O. BOX 196  
ODESSA, FL 33556

**New Mailing Address:**

P.O. BOX 39  
TARPON SPRINGS, FL 34688

FEI Number: 59-3677622      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:**

HOLCOMB, VICTOR W  
106 S TAMPANIA AVE  
SUITE 200  
TAMPA, FL 33609 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: VICTOR HOLCOMB

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOWE, MICHAEL L  
Address: 1611 GUNN HWY  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOWE, MICHAEL L  
Address: 10 DODECANSESE BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

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: MICHAEL LOWE

MGRM

11/19/2008

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