2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# L00000013393

Entity Name: SEYMOR AND, LLC

Current Principal Place of Business:

125 NIX BOAT YARD ROAD
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

125 NIX BOAT YARD ROAD
SAINT AUGUSTINE, FL 32084 US

Current Mailing Address:

P25 NIX BOAT YARD RD
SAINT AUGUSTINE, FL 32084

New Mailing Address:

125 NIX BOAT YARD ROAD
SAINT AUGUSTINE, FL 32084 US

FEI Number: 59-3684256 **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:

ANDREWS, DAVID M
339 MARSHSIDE DRIVE N
ST. AUGUSTINE, FL 32080 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: DAVID M. ANDREWS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORAR, GEORGE JR.
Address: 817 KALLI CREEK LANE
City-St-Zip: ST. AUGISTINE, FL 32080

Title: MGRM ( ) Delete
Name: ANDREWS, DAVID M
Address: 339 MARSHSIDE DRIVE NORTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Delete
Name: SEYBOLD, MICHAEL O
Address: 5400 WINDANTIDE ROAD
City-St-Zip: ST AUGUSTINE, FL 32080

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: DAVID M. ANDREWS MGRM 04/07/2008

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