

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000019140

Entity Name: EAGLE RAY DIVERS, LLC

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

221 LA PALOMA
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

221 LA PALOMA
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 91-2166939 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:

DONALD, WOOD
221 LA PALOMA
KEY LARGO, FL 33037 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: DONALD WOOD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOD, DONALD J
Address: 221 LA PALOMA
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGRM () Delete
Name: WOOD, PETER W
Address: 221 LA PALOMA
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGRM () Delete
Name: WOOD, GEORGE E
Address: 221 LA PALOMOA
City-St-Zip: KEY LARGO, FL 33037

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: DONALD WOOD

MGRM

10/08/2007

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