

**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 10:31

DOCUMENT # L01000022661			
1. Entity Name RIPLEY'S AQUATIC NURSERY, LLC			
Principal Place of Business 16304 S.E. COUNTY ROAD 225 MICANOPY, FL 32667		Mailing Address 16304 S.E. COUNTY ROAD 225 MICANOPY, FL 32667	
2. Principal Place of Business 606 47th St. East Suite, Apt. #, etc.		3. Mailing Address 606 47th St. East Suite, Apt. #, etc.	
City & State Bradenton, Florida Zip 34208 Country U.S.		City & State Bradenton, Florida Zip 34208 Country U.S.	
4. FCI Number 30-0016864		Applied For ☐ Additional Fee Required	
5. Certificate of Status Desired ☐		\$5.00	
6. Name and Address of Current Registered Agent RIPPERGER, WESLEY GRAHAM III 16304 S.E. COUNTY ROAD 225 MICANOPY, FL 32667		7. Name and Address of New Registered Agent Name Ripperger, Wesley Graham III Street Address (P.O. Box Number is Not Acceptable) 606 47th St. East City Bradenton FL Zip Code 34208	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE X Wesley G Ripperger III		DATE 6-29-05	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIPPERGER III, WESLEY G MGRM 16304 SE CNTY RD. 225 MICANOPY, FL 32667 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Ripperger III Wesley G. Mgrm 606 47th St East Bradenton, Florida 34208 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIPPERGER JR., WESLEY G MGR 16304 SE CNTY RD. 225 MICANOPY, FL 32667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Ripperger Jr., Wesley G. Mgr 11352 Perico Isle Circle Bradenton, Florida 34209 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.			
SIGNATURE X Wesley G Ripperger III		DATE 6-29-05 (941)794-1806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	