

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000033322

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Entity Name:** HIDDEN LAGOON PARTNERS, LLC

**Current Principal Place of Business:**

5 MIRACLE STRIP LOOP  
14  
PANAMA CITY, FL 32407

**New Principal Place of Business:**

2020 WATKINS AVE  
PANAMA CITY, FL 32407

**Current Mailing Address:**

PO BOX 9418  
PANAMA CITY, FL 32417

**New Mailing Address:**

**FEI Number:** 33-1043674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PEASE, CLARA Y  
2433 THOMAS DR  
#124  
PANAMA CITY, FL 32408 US

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

PEASE, CLARA Y  
2020 WATKINS AVE  
PANAMA CITY, FL 32407 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: CLARA PEASE

11/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PEASE, CLARA Y  
Address: 2433 THOMAS DRIVE, #124  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

I hereby 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: CLARA PEASE

MGR

11/30/2011

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