

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000033806

Entity Name: BOTT HOLDINGS, LLC

**FILED**  
**Apr 04, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

19 CIRCLE CREEK WAY  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

564 SOUTH YONGE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

19 CIRCLE CREEK WAY  
ORMOND BEACH, FL 32174

**New Mailing Address:**

564 SOUTH YONGE  
ORMOND BEACH, FL 32174

FEI Number: 71-0925125      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:**

BOTT, KEVIN L  
19 CIRCLE CREEK WAY  
ORMOND BEACH, FL 32174      US

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

MYERS, JOHN  
564 SOUTH YONGE  
ORMOND BEACH, FL 32174      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: JOHN MYERS

04/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BOTT, KEVIN L  
Address: 19 CIRCLE CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

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: KEVIN L. BOTT, BY GREG BARRICK, AGENT

MGR

04/04/2008

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