

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000007914

1. Entity Name  
TURTLE BEACH MARINA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:07

Principal Place of Business  
8865 MIDNIGHT PASS RD  
SARASOTA, FL 34242

Mailing Address  
8865 MIDNIGHT PASS RD  
SARASOTA, FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10062006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number

56-2322892

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANKIN, LAWRENCE M  
1820 RINGLING BOULEVARD  
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LAUGHLIN, PETER  
2632 PORITAN TERR  
SARASOTA, FL 34239 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500080785405  
10/12/06--01067--013 \*\*\$5.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KELLEHER, FRANK W  
1281 TREE BAY LN  
SARASOTA, FL 34242 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KELLER, CHARLES F  
500 E. EVERGREEN  
EFFINGHAM, IL 62401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 2006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COTILLO, JOSEPH  
509 FOREST CREST  
LAKE SAINT LOUIS, MO 63367 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
MGRM  
COTILLO, JOSEPH  
6533 HERITAGE CLUB DR  
CINCINNATI, OH 45040

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 exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/6/06

941-349-9449