

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000014286

Entity Name: RIPTIDE PARTNERS, LLC

**FILED**  
**Sep 07, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

5553 WISHING STAR LANE  
GREENACRES, FL 33463

**New Principal Place of Business:**

1055 SPRING MILL DR.  
WINTER GARDEN, FL 34787 US

**Current Mailing Address:**

5553 WISHING STAR LANE  
GREENACRES, FL 33463

**New Mailing Address:**

1055 SPRING MILL DR.  
WINTER GARDEN, FL 34787 US

FEI Number: 11-3687995      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:**

APPLEBY, HOMER P  
3245 SAINT JAMES DRIVE  
BOCA RATON, FL 33434 US

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

IRWIN, CHARLES E MR.  
1055 SPRING MILL DR.  
WINTER GARDEN, FL 34787 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: CHARLES E. IRWIN

09/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: IRWIN, CHARLES E MR.  
Address: 1055 SPRING MILL DR.  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES E. IRWIN

MR.

09/07/2005

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