

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000027258

FILED
Oct 28, 2009
Secretary of State

Entity Name: STRACUM RIVER INVESTMENT, LLC

Current Principal Place of Business:

3766 PINE TREE DRIVE
ST. JAMES CITY, FL 33956 US

New Principal Place of Business:

6105 LAND O LAKES BLVD
LAND O LAKES, FL 34638 US

Current Mailing Address:

3766 PINE TREE DRIVE
ST. JAMES CITY, FL 33956 US

New Mailing Address:

6105 LAND O LAKES BLVE
LAND O LAKES, FL 34638 US

FEI Number: 37-1438464 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MCGUIRE, JOHN
3766 PINE TREE DRIVE
ST. JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

MCGUIRE, JOHN
6105 LAND O LAKES BLVD
LAND O LAKES, FL 34638 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 MCGUIRE

10/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGUIRE, JOHN
Address: 3766 PINE TREE DRIVE
City-St-Zip: ST. JAMES CITY, FL 33956 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGUIRE, JOHN
Address: 6105 LAND O LAKES BLVD
City-St-Zip: LAND O LAKES, FL 34638 US

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: JOHN MCGUIRE

AGNT

10/28/2009

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