

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000028323

Entity Name: THIS DAY, LLC

**FILED**  
**Jan 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

95 4TH AVE.  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

95 4TH AVE.  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 56-2381138      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:**

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

WYBLE, LAURIE M  
95 4TH AVENUE  
SHALIMAR, FL 32579      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: LAURIE M WYBLE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BURNS, LINDA J  
Address: 91 CAYMAN COVE  
City-St-Zip: DESTIN, FL 32541

Title: MGR      ( ) Delete  
Name: WYBLE, LAURIE  
Address: 95 4TH AVE.  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: BURNS, LINDA J  
Address: 95 4TH AVENUE  
City-St-Zip: SHALIMAR, FL 32579 M

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: LAURIE M WYBLE

MGR

01/29/2008

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