

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000031591

FILED
Oct 31, 2005
Secretary of State

Entity Name: THE TEN POINT NINE, LLC

Current Principal Place of Business:

7101 LILLIAN HIGHWAY
OFFICE
PENSACOLA,, FL 32506 US

New Principal Place of Business:

7103 LILLIAN HIGHWAY
PO BOX 36061
PENSACOLA,, FL 32506 US

Current Mailing Address:

7101 LILLIAN HIGHWAY
OFFICE
PENSACOLA,, FL 32506 US

New Mailing Address:

7103 LILLIAN HIGHWAY
PO BOX 36061
PENSACOLA,, FL 32506 US

FEI Number: 03-0536799 **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:

WOODS, PAUL B ESQ.
8367 BIRD ROAD
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

LEAHY, JOHN W MGR
4593 SOUNDSIDE DRIVE
GULF BREEZE, FL 32563 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 W. LEAHY

10/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEAHY, JOHN
Address: 7101 LILLIAN HIGHWAY, OFFICE
City-St-Zip: PENSACOLA,, FL 32506 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEAHY, JOHN
Address: 7103 LILLIAN HIGHWAY, PO BOX 36061
City-St-Zip: PENSACOLA,, FL 32506 US

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: JOHN W. LEAHY

MGR

10/31/2005

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