2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# L03000043418

Entity Name: DESTINATION KEYS, LLC

Current Principal Place of Business:

3712 WEST CASS ST
SUITE 17
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3712 WEST CASS ST
SUITE 17
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 20-0508863 **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:

LANE, LIA D
3712 WEST CASS ST
SUITE 17
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: LIA D LANE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LANE, LIA D	
Address:	3717 WEST TACON STREET	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	MGR	( ) Delete
Name:	LANE, RUSSELL R	
Address:	3717 WEST TACON STREET	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	MGR	( ) Delete
Name:	DUSSIA, EVAN E	
Address:	7000 DUCK COVE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312 US	
Title:	MGR	( ) Delete
Name:	DUSSIA, PHYLLIS W	
Address:	7000 DUCK COVE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LIA D LANE MGMM 07/06/2009

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