

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000002457

FILED
Apr 12, 2007
Secretary of State

Entity Name: MOSQUITO INLET ENTERPRISES LLC

Current Principal Place of Business:

2430 TIMBER VIEW DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

2430 TIMBER VIEW DR
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-0543293 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:

PEATROSS, OSCAR B III
2430 TIMBER VIEW DR
NEW SMYRNA BEACH, FL 32168 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: OSCAR B PEATROSS III

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEATROSS, OSCAR B III
Address: 2430 TIMBER VIEW DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Delete
Name: PEATROSS, MICHELLE Y
Address: 2430 TIMBER VIEW DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES:

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 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: OSCAR B PEATROSS III

MGRM

04/12/2007

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