

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000019317

Entity Name: TENACITY, LLC

FILED
Oct 11, 2005
Secretary of State

Current Principal Place of Business:

25 CAPE HAZE DRIVE
CAPE HAZE, FL 33946

New Principal Place of Business:

Current Mailing Address:

25 CAPE HAZE DRIVE
CAPE HAZE, FL 33946

New Mailing Address:

FEI Number: 20-0845819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORZILIUS, ERIK V
2100 TAMiami TRAIL S
SUITE C
VENICE, FL 34293 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: ERIK V KORZILIUS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, PETER A
Address: 25 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33946

Title: MGRM () Delete
Name: JOHNSON, SANDRA L
Address: 25 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33946

Title: MGRM () Delete
Name: JOHNSON, PETER A JR
Address: 25 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33946

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JOHNSON, PETER A JR
Address: 295 GREEN DOLPHIN DRIVE
City-St-Zip: CAPE HAZE, FL 33946

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: PETER A JOHNSON, JR

MGRM

10/11/2005

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