

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000022118

FILED
Oct 20, 2009
Secretary of State

Entity Name: CHRISTINE COVE GP, LLC

Current Principal Place of Business:

2933 MYRTLE AVENUE NORTH
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2933 MYRTLE AVENUE NORTH
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 20-0896007 **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:

CURLEY, CHARLES R JR
1301 RIVERPLACE BOULEVARD, STE. 1500
JACKSONVILLE, FL 32207 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: CHARLES CURLEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: NELSON, TONY D
Address: 2933 MYRTLE AVENUE NORTH
City-St-Zip: JACKSONVILLE, FL 32209

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: T NELSON

MGRM

10/20/2009

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