

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000034832

FILED
Sep 28, 2008
Secretary of State

Entity Name: MEEK'S LANDING & PARTNERS LLC

Current Principal Place of Business:

1442 GENOA WAY
SANTA MARIA, CA 93455

New Principal Place of Business:

Current Mailing Address:

1442 GENOA WAY
SANTA MARIA, CA 93455

New Mailing Address:

FEI Number: 20-1122679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHOENIX, CHARLES PT ESQ
12800 UNIVERSITY DRIVE, SUITE 260
FORT MYERS, FL 33907 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: CHARLES PT PHOENIX ESQ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, BARBARA
Address: 2600 NW 24TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: MGRM () Delete
Name: MEEK, DAVID
Address: 1442 GENOA WAY
City-St-Zip: SANTA MARIA, CA 93455

Title: MGRM () Delete
Name: ALLISON, BRIAN
Address: 975 OLD MILL LN
City-St-Zip: SANTA MARIA, CA 93455

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:

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: DAVID MEEK

MGRN

09/28/2008

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