

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000044803

Entity Name: 40 HEAD, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

181 PINE STREET  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

181 PINE STREET  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 26-2342170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COVELL, SCOTT M  
181 PINE STREET  
SANTA ROSA BEACH, FL 32459 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: SCOTT M. COVELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COVELL, SCOTT M  
Address: 181 PINE STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: COVELL, WILLIAM R  
Address: 2409 GEORGETOWN AVENUE  
City-St-Zip: BARTLESVILLE, OK 74006

Title: MGRM  
Name: SILVA, JEAN C  
Address: 156 GARFIELD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: COVELL, JAMES P  
Address: 709 CHESAPEAKE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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: SCOTT M. COVELL

MGRM

04/30/2012

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