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SIGNATURE:

## Secretary of State **DOCUMENT # L04000056636** 01-19-2005 90025 049 \*\*\*\*55.00 REEF RUNNER, LLC Principal Place of Business Mailing Address 5213 LONG JOHN DR 5213 LONG JOHN DR PANAMA CITY, FL 32408 PANAMA CITY, FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number 65-10089 City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WODRASKA, PETER A 5213 LONG JOHN DR Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32408 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State... 75 m MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** TITLE De'ete TITLE ☐ Change NAME WODRASKA, PETER A NAME STREET ADDRESS 5213 LONG JOHN DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32408 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP πη ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_\_ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited l'ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Jan 19, 2005 8:00 am

-18-05

Daytime Phone #