

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000063094

**Entity Name:** MICHELE K. MYERS, LLC

**FILED**  
**Oct 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2395 W COUNTY HWY 30A  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

1777 E. COUNTY HWY 30A  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

502 HIDDEN LAKE WAY  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 20-1538609      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MYERS, MICHELE K  
502 HIDDEN LAKE WAY  
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: MICHELE K. MYERS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MYERS, MICHELE K  
**Address:** 502 HIDDEN LAKE WAY  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

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: MICHELE K. MYERS

MGRM

10/29/2010

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