

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000063107

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

**Entity Name:** LAURIE ANNE DISTRIBUTORS, LLC

**Current Principal Place of Business:**

671 DRIFTWOOD POINT ROAD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

671 DRIFTWOOD POINT ROAD  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-1567912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

PORATH, SHANNON L  
56 SPIRES LANE  
SUITE 16A  
SANTA ROSA BEACH, FL 32459 US

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

GRAVES, LAURIE A  
671 DRIFTWOOD POINT ROAD  
SANTA ROSA BEACH, FL 32459 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:** LAURIE A. GRAVES

10/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GRAVES, LAURIE A  
**Address:** 671 DRIFTWOOD POINT ROAD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

**Title:** MGRM ( ) Delete  
**Name:** GRAVES, JERRY M  
**Address:** 671 DRIFTWOOD POINT ROAD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

**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 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 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:** LAURIE A. GRAVES

MGRM

10/07/2005

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