

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000065713

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** GUILDED LILY, L.L.C.

**Current Principal Place of Business:**

128 BOARDWALK AVENUE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

1934 STATE ROAD 30A  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

128 BOARDWALK AVENUE  
PORT SAINT JOE, FL 32456

**New Mailing Address:**

1934 STATE ROAD 30A  
PORT SAINT JOE, FL 32456

**FEI Number:** 20-1590074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARDMAN, PATRICIA K  
5746 CENTERVILLE ROAD  
TALLAHASSEE, FL 32309 US

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

RENNICK, ROBYN A  
5246 CENTERVILLE RD  
TALLAHASSEE, FL 32309 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: ROBYN A. RENNIC

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RENNIC, ROBYN A MGR  
Address: 1934 STATE RD 30A  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR  
Name: HARDWICK, BETTY MGR  
Address: 167 HOBBAW DR.  
City-St-Zip: MT. PLEASANT, SC 29464

Title: MGR  
Name: HARDMAN, PATRICIA  
Address: 5746 CENTERVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32309

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: ROBYN A. RENNIC

MANG

03/15/2011

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