

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000089118

**FILED**  
**Nov 12, 2008**  
**Secretary of State**

**Entity Name:** BLUE CHIP DEVELOPMENT OF BAY COUNTY, LLC

**Current Principal Place of Business:**

310 WEST 13TH STREET  
PANAMA CITY, FL 3241

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 18438  
PANAMA CITY BEACH, FL 32417

**New Mailing Address:**

**FEI Number:** 16-1711479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, TROY  
310 WEST 13TH STREET  
PANAMA CITY, FL 32401 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:** TROY R. CAMPBELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CAMPBELL, TROY  
**Address:** 310 WEST 13TH STREET  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** MGRM ( ) Delete  
**Name:** PHILLIPS, JEFF  
**Address:** 310 WEST 13TH STREET  
**City-St-Zip:** PANAMA CITY, FL 32401

**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 exemption stated in Chapter 119, 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:** TROY R. CAMPBELL

MGMR

11/12/2008

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