

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000006706

Entity Name: MER-MAIDS, LLC

FILED
Oct 27, 2006
Secretary of State

Current Principal Place of Business:

571 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

453 SHELTER COVE DRIVE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

571 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

453 SHELTER COVE DRIVE
SANTA ROSA BEACH, FL 32459

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
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:

GRIMM, DARLA K
571 WOODLAND BAYOU DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

GRIMM, DARLA K
453 SHELTER COVE DRIVE
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: DARLA KAY GRIMM

10/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRIMM, DARLA K
Address: 571 WOODLAND BAYOU DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRIMM, DARLA K
Address: 453 SHELTER COVE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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: DARLA KAY GRIMM

MGR

10/27/2006

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