

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007300

FILED  
Oct 21, 2009  
Secretary of State

Entity Name: BAY STREET PROPERTY, LLC

**Current Principal Place of Business:**

101 N. BAY STREET  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1658  
BUNNELL, FL 32110

**New Mailing Address:**

FEI Number: 90-0330005      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:**

SEAWRIGHT, J A  
105 VILLAGE DEL PRADO WAY  
ST. AUGUSTINE, FL 32080 US

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

DOMKE, TIMOTHY G  
225 ATLANTIS CIRCLE  
#203  
ST. AUGUSTINE, FL 32080 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: TIMOTHY G. DOMKE

10/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PCD ( ) Delete  
Name: SEAWRIGHT, J A  
Address: 105 VILLAGE DEL PRADO WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VD ( ) Delete  
Name: DUSSEAU, M W  
Address: #4 JAMES ROY AVENUE WEST  
City-St-Zip: PALM COAST, FL 32137

Title: STD ( ) Delete  
Name: DOMKE, TIMOTHY G  
Address: 80 SURFVIEW DRIVE #421  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: DOMKE, TIMOTHY G  
Address: 225 ATLANTIS CIRCLE #203  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MR (X) Change ( ) Addition  
Name: DUSSEAU, M W  
Address: #4 JAMES ROY AVENUE WEST  
City-St-Zip: PALM COAST, FL 32137

Title: MRS (X) Change ( ) Addition  
Name: SEAWRIGHT, FRAN  
Address: 105 VILLAGE DEL PRADO WAY  
City-St-Zip: ST AUGUSTINE, FL 32080

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: TIMOTHY G. DOMKE

CEO

10/21/2009

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