

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000012712

**FILED**  
**Aug 28, 2008**  
**Secretary of State**

**Entity Name:** GRIZZ "LLC"

**Current Principal Place of Business:**

3022 SE 18TH AVE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

3022 SE 18TH AVE  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

15692 IONA LAKES DR.  
FORT MYERS, FL 33908 US

**FEI Number:** 20-2991832      **FEI Number Applied For ( )**      **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:**

BEWLEY, ALICIA A  
13290 CORBEL CIRCLE  
APT 2215  
FT MYERS, FL 33907 US

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

HOUGHTEN, BRENT A  
13290 CORBEL CIRCLE  
APT 2215  
FT MYERS, FL 33907 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:** BRENT HOUGHTEN

08/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** HOUGHTEN, BRENT A  
**Address:** 13290 CORBEL CIRCLE #2215  
**City-St-Zip:** FT MYERS, FL 33907 US

**ADDITIONS/CHANGES:**

**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:** BRENT HOUGHTEN

MEMB

08/28/2008

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