2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# L05000013599

Entity Name: MUDSLINGERS, LLC

Current Principal Place of Business:

1187 CARDINAL AVENUE
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

1187 CARDINAL AVENUE
YULEE, FL 32097 US

New Mailing Address:

P.O. BOX 16584
FERNANDINA BEACH, FL 32035 US

FEI Number: 81-0665536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: THE COMPANY CORPORATION
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FURZE, CONAN J
Address: PO BOX 16584
City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: MGRM ( ) Delete
Name: DREW, MICHAEL S
Address: PO BOX 16584
City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: CLAXTON, BEAU T
Address: PO BOX 16584
City-St-Zip: FERNANDINA BEACH, FL 32035 US

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: CONAN J. FURZE MGRM 02/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date