

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000024565

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** BLIND MULLET ADVENTURES & CATERING LLC

**Current Principal Place of Business:**

1817 EDGEWATER CANAL RD  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1817 EDGEWATER CANAL RD  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 26-4884439      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:**

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

DRESSER, CHRISTOPHER  
1817 EDGEWATER CANAL RD  
NEW SMYRNA BEACH, FL 32168      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: CHRISTOPHER DRESSER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DRESSER, CHRISTOPHER  
Address: 1817 EDGEWATER CANAL RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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: CHRISTOPHER DRESSER

MGRM

04/23/2009

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