

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000034073

Entity Name: SIMDAG BAHAMAS, LLC

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

146 BOARDWALK PLACE EAST  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

16603 VILLALENDA DE AVILA  
TAMPA, FL 33613

**Current Mailing Address:**

146 BOARDWALK PLACE EAST  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

16603 VILLALENDA DE AVILA  
TAMPA, FL 33613

FEI Number: 20-4776278      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:**

RAMSBERGER, THOMAS M ESQ.  
2959 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713      US

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

SIMON, JODY M  
16603 VILLALENDA DE AVILA  
TAMPA, FL 33613      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: JODY SIMON

01/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SIMON, JODY  
Address: 16603 VILLALENDA DE AVILA  
City-St-Zip: TAMPA, FL 33613

**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: JODY SIMON

MGR

01/20/2009

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