

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 19 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11172008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000045663 1. Entity Name MULLIGAN'S SPORTS BAR & GRILL, LLC																													
Principal Place of Business 1000 EAST 23RD STREET SUITE B PANAMA CITY, FL 32405 US			Mailing Address P.O. BOX 35815 PANAMA CITY, FL 32412 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-2971343 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GOUGE, SONNY A 1419 SKUNK VALLEY ROAD SOUTHPORT, FL 32409																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
8. 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. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE 11-17-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WRIGHT, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6347 OAK KNOLL ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32404</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>900138073509</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>11/19/08--01013--004 **238.75</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	WRIGHT, GEORGE		STREET ADDRESS	6347 OAK KNOLL ROAD		CITY-ST-ZIP	PANAMA CITY, FL 32404		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	900138073509		CITY-ST-ZIP	11/19/08--01013--004 **238.75	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:				11-17-08 850-215-3663 <small>Date Daytime Phone #</small>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													