

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000055712

Entity Name: CAMELLIA MOTEL, LLC

**FILED**  
**Jan 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1055 N ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118 US

**New Principal Place of Business:**

**Current Mailing Address:**

1055 N ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118 US

**New Mailing Address:**

755 N ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118 US

FEI Number: 27-0124788      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:**

MORTIMER, STUART  
1055 N ATLANTIC AVE  
DAYTONA BEACH, FL 32118 US

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

MORTIMER, STUART  
735 N ATLANTIC AVE  
DAYTONA BEACH, FL 32118 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: STUART MORTIMER

01/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORTIMER, STUART H  
Address: 1055 N ATLANTIC AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORTIMER, STUART H  
Address: 735 N ATLANTIC AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118 US

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: STUART MORTIMER

MGRM

01/30/2009

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