

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000059820

Entity Name: LATAG LLC

FILED  
Aug 04, 2009  
Secretary of State

## Current Principal Place of Business:

931 US HWY331 SO. STE I  
DEFUNIAK SPRINGS, FL 32435

## New Principal Place of Business:

## Current Mailing Address:

756 BALDWIN AVENUE STE B  
DEFUNIAK SPRINGS, FL 32435

## New Mailing Address:

931 US HWY331 SO. STE I  
DEFUNIAK SPRINGS, FL 32435

FEI Number: 20-2926700      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:

GRANDE, LIDIA OWNER  
1300 HIGHWAY 20 W.  
FREEPORT, FL 32439      US

## Name and Address of New Registered Agent:

WILLIAMSON, KRISTAN OWNER  
931 US HWY 331 SO STE I  
DEFUNIAK SPRINGS, FL 32435      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: KRISTAN WILLIAMSON

08/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MANA ( ) Delete  
Name: GRANDE, LYDIA A  
Address: 13000 HWY 20 WEST  
City-St-Zip: FREEPORT, FL 32439

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

## ADDITIONS/CHANGES:

Title: MANA (X) Change ( ) Addition  
Name: WILLIAMSON, KRISTAN  
Address: 931 US HIGHWAY 331 SOUTH  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SECR ( ) Change (X) Addition  
Name: GRANDE, LYDIA  
Address: 931 US HIGHWAY 331 SOUTH  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: KRISTAN WILLIAMSON

OWNE

08/04/2009

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