

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000068299

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** SHERWOOD GOLF CLUB LLC

**Current Principal Place of Business:**

4335 LONDONTOWN ROAD  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

4335 LONDONTOWN ROAD  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 20-3078001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINKLEY, CHARLES A  
492 DEMPSEY DRIVE  
COCOA BEACH, FL 32931 US

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

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:** ANN HINKLEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** HINKLEY, CHARLES A  
**Address:** 492 DEMPSEY DRIVE  
**City-St-Zip:** COCOA BEACH, FL 32931

**Title:** MGRM ( ) Delete  
**Name:** FLOOD, RUTHANN  
**Address:** 1057 FAIRLAWN DRIVE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HINKLEY, ANN  
**Address:** 492 DEMPSEY DR  
**City-St-Zip:** COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the 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:** ANN HINKLEY

MGRM

10/05/2006

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