

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000078865

**FILED**  
**Sep 28, 2007**  
**Secretary of State**

**Entity Name:** BLUE WATER COAST, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 411812  
MELBOURNE, FL 32941

**New Principal Place of Business:**

EAST NEW HAVEN AVE.  
MELBOURNE, FL 32901

**Current Mailing Address:**

POST OFFICE BOX 411812  
MELBOURNE, FL 32941

**New Mailing Address:**

**FEI Number:** 87-0752230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOILEAU, JOHN L  
3490 NORTH US HIGHWAY ONE  
COCOA, FL 32926 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:** MICHAEL WOLFINGTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WOLFINGTON, M D  
**Address:** POST OFFICE BOX 411812  
**City-St-Zip:** MELBOURNE, FL 32941

**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:** MICHAEL WOLFINGTON

MGRM

09/28/2007

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