

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083995

FILED
Dec 09, 2008
Secretary of State

Entity Name: BOOPEA INVESTMENTS LLC

Current Principal Place of Business:

1343 MAIN STREET
SUITE 502
SARASOTA, FL 34236

New Principal Place of Business:

1247 HWY 17 S
LITTLE RIVER, SC 29566

Current Mailing Address:

1343 MAIN STREET
SUITE 502
SARASOTA, FL 34236

New Mailing Address:

PO BOX 635
LITTLE RIVER, SC 29566

FEI Number: 20-3415239 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:

DEATHERAGE, HEATHER H
1343 MAIN STREET
SUITE 502
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

VAN WIE, PATTY R
5214 AVENIDA DEL MARE
SARASOTA, FL 34224 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: PATTY R VAN WIE

12/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEATHERAGE, HEATHER
Address: 2717 ESPANOLA AVE
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: DEATHERAGE, JUSTIN
Address: 2495 WISTERIA LN.
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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

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: JUSTIN DEATHERAGE

MGR

12/09/2008

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