

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000089248

1. Entity Name
CABO MARINE HOLDINGS, L.L.C.



Principal Place of Business
2039 CENTRE POINTE BOULEVARD, SUITE 203
TALLAHASSEE, FL 32308

Mailing Address
2039 CENTRE POINTE BOULEVARD, SUITE 203
TALLAHASSEE, FL 32308

FILED

07 SEP 26 PH 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09182007 REIN-LLC CR2E101 (1/07)

4. FEI Number
30-3495015

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, STUART E ESQ
2039 CENTRE POINTE BOULEVARD, SUITE 201
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CAMPBELL, JAMES I IV
STREET ADDRESS 2039 CENTRE POINTE BOULEVARD, SUITE 203
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGRM ☐ Delete
NAME MOORE, RICHARD A
STREET ADDRESS 902 NORTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/17/07

Date

850-561-8700

Daytime Phone #