

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000095413

**FILED**  
**Oct 24, 2006**  
**Secretary of State**

**Entity Name:** SANDY SHOES VACATION RENTALS, LLC.

**Current Principal Place of Business:**

1085 CAPE SAN BLAS RD.  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 526  
PORT ST. JOE, FL 32457 US

**New Mailing Address:**

FEI Number: 20-4674556      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:**

PHILLIPS, TERESA M  
1012 WOODWARD AVE  
PORT ST JOE, FL 32456 US

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

PHILLIPS, TERESA M  
1085 CAPE SAN BLAS ROAD  
PORT ST JOE, FL 32456 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: TERESA M. PHILLIPS

10/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: PHILLIPS, TERESA M  
Address: 1085 CAPE SAN BLAS ROAD  
City-St-Zip: PORT SAINT JOE, FL 32456 US

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: TERESA PHILLIPS

MGRM

10/24/2006

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