2006 LIMITED LIABILITY COMPANY REINSTATEMENT

ILING I A I LINEIN I								FILEN		
DOCUMENT # L05000096845						İ	SECRETA	RY OF STATE		
1. Entity Name						<u> </u>	DIVISION OF	FILED ARY OF STATE CORPORATION	10	
MARĴACK OF TIERRA VERDE, LLC							OC Nov	· SKAHOP	13	
						'	00 MOA ~	9 PMII: 13		
Principal Place of Business Mailing Address					1	1 .				
237 2ND STREET W			237 2ND STREET W							
TIERRA VERDE, FL 33715			TIERRA VERDE, FL 33715			1 01 /				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			⊣ ՝՝				
Suite, Apr. #, etc.			Suite, Apr. #, etc.			10062006	REIN-LLC	CR2E101 (11/05)		
City & State			City & State			4. FFI Numb	ner		oplied For	
Zip	Zip Country		Zip Country		ntry	Not Applicable S Cartificate of Status Desired \$5.00 Additional				
						Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MYERS, ROBERT J										
1135 PASADENA AVE S SUITE 140			Street Addre		Street Addres	ss (P.O. Box Number is Not Acceptable)				
ST PETERSBURG, FL 33707										
					City	FL Zip Code				
8. The above named entity subpits 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 Robert J. Myers 10/31/2006 Signature, typed or printed name of registered agent angulite if applicable (NOTE: Registered Agent algunature required when reinstating) DATE										
	Signature, typed o	or printed name of registered age	and title if applicable. (NOT	t: Register	red Agent signature re-	quired when reinstating]	DATE		
FILE NOW!!! FEE IS \$150.00 Make check payable to									ŀ	
After January 1, 2007, Fee will be \$200.00							Florida	a Department of Stat	e	
9.		MANAGING MEMB	 ERS/MANAGERS	10.			ADDITIONS,	/CHANGES		
TITLE	MGRM Delete				.E			☐ Change	Addition	
NAME	· · · · · · · · · · · · · · · · · · ·					700081658997				
STREET ADDRESS 237 2ND STREET W CITY-ST-ZIP TIERRA VERDE, FL 33715				STREET ADDRESS CITY-ST-ZIP		11/1	09/060103	3017 **150	0.00	
TITLE	MGRM Delete				.E			☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP	237 2ND S			EET ADDRESS Y-ST-ZIP						
TITLE	TIERRA VERDE, FL 33715						—	☐ Change	Addition	
TITLE □ Delete TITLE NAME NAME								Grange		
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				-	Y-ST-ZIP	.				
TITLE NAME			☐ Delete	TITU			T	Change	Addition (
STREET ADDRESS					EET ADDRESS	· 9	TATEM	151111 200	6	
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ Delete	TITE	t			☐ Change	☐ Addition	
NAME STREET ADDRESS					IEET ADDRESS				1	
CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE			☐ Delete	TITE				☐ Change	☐ Addition	
NAME	NAME STREET ADDRESS				ME					
CITY-ST-ZIP					Y-ST-ZIP					
11. I hereby	certify that the	information supplied wit	h this filing does not qualify fo	r the exe	emptions containe	ed in Chapter 119	Florida Statutes. I f	urther certify that the info	ormation	
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 eceiver or trustee approvered to execute this report as required by Chapter 608, Florida Statutes.										
1/21/1/2 (7) (1)										
SIGNATURE; JUNE Jackson Price 10/31/2006 727-865-6832										
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MATAGING DEBSER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylime Phone #										