

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000107653

**FILED**  
**Oct 25, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA KEYS WEDDINGS, LLC

**Current Principal Place of Business:**

82891 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036 US

**New Principal Place of Business:**

170 SEMINOLE BLVD  
TAVERNIER, FL 33070 US

**Current Mailing Address:**

170 SEMINOLE BLVD  
TAVERNIER, FL 33070 US

**New Mailing Address:**

FEI Number: 20-1977799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

KNOWLES, RICHARD C  
170 SEMINOLE BLVD  
TAVERNIER, FL 33070 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: /RICHARD C KNOWLES/

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KNOWLES, RICHARD C  
Address: 170 SEMINOLE BLVD  
City-St-Zip: TAVERNIER, FL 33070 US

Title: MGR ( ) Delete  
Name: KNOWLES, BARBARA J  
Address: 170 SEMINOLE BLVD  
City-St-Zip: TAVERNIER, FL 33070 US

**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: /RICHARD C KNOWLES/

MGR

10/25/2008

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