

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109618

Entity Name: RIPTIDE VENTURES, LLC

FILED
Jun 30, 2009
Secretary of State

Current Principal Place of Business:

3452 LAKE LYNDA DR.
SUITE 350
ORLANDO, FL 32817

New Principal Place of Business:

200 E. PALM VALLEY DR.
SUITE 2000
OVEIDO, FL 32765

Current Mailing Address:

3452 LAKE LYNDA DR.
SUITE 350
ORLANDO, FL 32817

New Mailing Address:

200 E. PALM VALLEY DR.
SUITE 2000
ORLANDO, FL 32817

FEI Number: 20-3780402 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:

LOEFFEL, PHILIP
3452 LAKE LYNDA DR.
SUITE 350
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

LOEFFEL, PHILIP
200 E. PALM VALLEY DR.
SUITE 2000
OVEIDO, FL 32765 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: PHILIP LOEFFEL

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOEFFEL, PHILIP
Address: 3452 LAKE LYNDA DR. SUITE 350
City-St-Zip: ORLANDO, FL 32817

Title: MGRM () Delete
Name: CLINGER, BARRY
Address: 3452 LAKE LYNDA DR. SUITE 350
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOEFFEL, PHILIP
Address: 200 E. PALM VALLEY DR.
City-St-Zip: OVEIDO, FL 32765

Title: MGRM (X) Change () Addition
Name: CLINGER, BARRY
Address: 200 E. PALM VALLEY DR.
City-St-Zip: OVEIDO, FL 32765

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: PHILIP LOEFFEL

MGR

06/30/2009

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