

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000119161

Entity Name: ANGLERS DREAM, LLC

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3203 BRIDGEFIELD DR.  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

3203 BRIDGEFIELD DR.  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 20-3935819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCQUEEN, ROBERT  
3203 BRIDGEFIELD DRIVE  
LAKELAND, FL 33803 US

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

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: ROBERT MCQUEEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCQUEEN, ROBERT L  
Address: 3203 BRIDGEFIELD DRIVE  
City-St-Zip: LAKELAND, FL 33803

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCQUEEN, ROBERT L  
Address: 3203 BRIDGEFIELD DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Change (X) Addition  
Name: MCQUEEN, DEBRA A  
Address: 3203 BRIDGEFIELD DR  
City-St-Zip: LAKELAND, FL 33803

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: ROBERT MCQUEEN

MGR

04/06/2009

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