## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

2009 LIMITED LIABILITY COMPANY REINSTATEMENT						SE S		
DOCUMENT # L05000121391  1. Entity Name FLYBOB, LLC					FILED 2009 APR 21 PM 1: 02			
3901 SOUTHEAST COMMERCE AVENUE		Mailing Address 3901 SOUTHEAST COMMERCE AVENUE STUART, FL 34997 US		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
1252 N	VE 124 Street	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04142009	REIN-LLC	CR2E101 (1/07)	
Okechobee		City & State			4. FEI Number Applied For 20-5427841 Not Applicable			
Zip 349-	Country	Zip .	Cour	ntry		of Status Desired	\$5.00 Addition	
<u> </u>	6. Name and Address of Current F	l Registered Agent	l		7. Name and	Address of New R	· · · · · · · · · · · · · · · · · · ·	
MEYER, ROBERT D				Name				
3901 SOUTHEAST COMMERCE AVENUE STUART, FL 34997				Street Address (I	(P.O. Box Number is Not Acceptable)			
4 *			٠	1252 1 City () \$ 0.00	NF 124 Street  Charles FL 34972			
8. 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. I am familiar with, and acceptations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and like if applicable.  (NOTE: Registered Agent signature required when reinstating)  In accordance with s. 607.193(2)(b), F.S., the limited  Make check payable to							d accept	
liability company did			not re			Florida	Department of State	•
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, ROBERT D 3901 SOUTHEAST COMMERCE STUART, FL 34997	☐ Delete		- i	<b>4</b> 1	ADDITIONS/ 201509 201004	□ Change [ <b>3414</b> 34	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete		1			☐ Change ☐	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		UF	☐ Change [	Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 4/14/09 863-824-2260								