

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000000234

1. Entity Name
MISS CAPE EXCURSIONS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:34

Principal Place of Business
670 GLEN CHECK DR.
CAPE CANAVERAL, FL 32920

Mailing Address
670 GLEN CHECK DR.
CAPE CANAVERAL, FL 32920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042006 REIN-LLC CR2E101 (11/05)

4. FEI Number
56-2550278

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, WALTER T JR., ESQ
WALTER T. ROSE JR., P.A.
101 N. ATLANTIC AVE.
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name
ANTHONY J ADAMS

Street Address (P.O. Box Number is Not Acceptable)

670 GLEN CHECK DR

City
CAPE CANAVERAL FL Zip Code
32920

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 accept the obligations of registered agent.

SIGNATURE

Anthony J Adams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-10-06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADAMS, ANTHONY J
1642 COLLEGE PARKWAY
GULF BREEZE, FL 32563 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400080833194
10/13/06--01058--001 **155.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
2006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Anthony J Adams

10-10-06

Date

Daytime Phone #

321-783-5271