

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000010460

**FILED**  
**Jun 10, 2011**  
**Secretary of State**

**Entity Name:** THE OTHER WAY ENTERPRISES, LLC

**Current Principal Place of Business:**

15439 27TH CT E  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

15439 27TH CT E  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 20-4217897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEEBLES & MORIARTY, P.A.  
1111 3RD AVENUE WEST  
SUITE 210  
BRADENTON, FL 34205 US

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

CAMPBELL, LEIGHTON O  
15439 27TH CT E  
PARRISH, FL 34219 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: LEIGHTON CAMPBELL

06/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: CAMPBELL, LEIGHTON O  
Address: 15439 27TH CT E  
City-St-Zip: PARRISH, FL 34219

Title: VP  
Name: CAMPBELL, CHRISTINA I  
Address: 15439 27TH CT E  
City-St-Zip: PARRISH, FL 34219

I hereby 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: LEIGHTON CAMPBELL

PRES

06/10/2011

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