## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000025460

THEISS, BRIAN

1665 NANTUCKET ST

DELTONA, FL 32725

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA POSSUMS LACROSSE CLUB, LLC

FILED Oct 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4000 GRANDE VISTA BLVD 248 BRANTLEY HARBOR DR SAINT AUGUSTINE, FL 32086 134 SAINT AUGUSTINE, FL 32084 **New Mailing Address: Current Mailing Address:** 4000 GRANDE VISTA BLVD 248 BRANTLEY HARBOR DR SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32084 FEI Number: 20-4463740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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: Name and Address of New Registered Agent: WEST, THOMAS F III 4000 GRANDE VISTA BLVD 134 SAINT AUGUSTINE, FL 32084 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: THOMAS F. WEST III Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete WEST, THOMAS F Name: Name: Address: 4000 GRANDE VISTA BLVD, 134 Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BRIJOHNNA, WEST Name: Address: 4000 GRANDE VISTA BLVD 134 Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS F. WEST III MGR 10/02/2009