

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000037292

**FILED**  
**Aug 09, 2012**  
**Secretary of State**

**Entity Name:** BENGAL TIGER, LLC

**Current Principal Place of Business:**

819 SW ST. ANDREWS COVE  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880626  
PORT ST. LUCIE, FL 34988 US

**New Mailing Address:**

819 SW ST. ANDREWS COVE  
PORT ST. LUCIE, FL 34986 US

**FEI Number:** 20-4831412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HALL, JAMES K  
819 SW SAINT ANDREWS COVE  
PORT ST. LUCIE, FL 34986 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: JAMES KELLY HALL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HALL, JAMES K  
Address: 819 SW SAINT ANDREWS CV  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: JAMES KELLY HALL

MGRM

08/09/2012

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