

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000043875

Entity Name: P.U.T.T.Y. LLC

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

1246 NICHOLSON STREET
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1246 NICHOLSON STREET
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 06-1777168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEIL, DARRON
1246 NICHOLSON STREET
CLEARWATER, FL 33755 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: DARRON MCNEIL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JAMES, CHARLES
Address: 1246 NICHOLSON STREET
City-St-Zip: CLEARWATER, FL 33755

Title: MGR (X) Delete
Name: OLIVEZ, JASON
Address: 15031 MEADOWLAKE STREET
City-St-Zip: ODESSA, FL 33556

Title: MGR (X) Delete
Name: MCNEIL, DARRON
Address: 1246 NICHOLSON STREET
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCNEIL, DARRON
Address: 1246 NICHOLSON STREET
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DARRON MCNEIL

MGR

02/08/2008

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