# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 16, 2009**
**Secretary of State**

DOCUMENT# L06000066166

**Entity Name:** SPORTSMEN ADVENTURE PARADISE, L.L.C.

**Current Principal Place of Business:**

5202 SOUTH LOIS AVENURE
TAMPA, FL 33611

**New Principal Place of Business:**

5202 SOUTH LOIS AVE.
TAMPA, FL 33611

**Current Mailing Address:**

5202 SOUTH LOIS AVENURE
TAMPA, FL 33611

**New Mailing Address:**

5202 SOUTH LOIS AVE.
TAMPA, FL 33611

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

TAMARGO, TED R
501 EAST KENNEDY
SUITE 1700
TAMPA, FL 33602 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: LAWRENCE CACCIATORE
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CACCIATORE, LAWRENCE A
Address: 5202 SOUTH LOIS AVE
City-St-Zip: TAMPA, FL 33611 US

**ADDITIONS/CHANGES:**

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: LAWRENCE CACCIATORE MGRM 10/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date