

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000066957

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** EIGHT FLAGS VENTURES, LLC

**Current Principal Place of Business:**

1718 BEECH STREET  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

1718 BEECH STREET  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

**FEI Number:** 20-5145624 **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:**

EICHOLTZ, MEREDITH  
1718 BEECH STREET  
FERNANDINA BEACH, FL 32034 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: MEREDITH EICHOLTZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EICHOLTZ, MEREDITH  
Address: 1718 BEECH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM ( ) Delete  
Name: EICHOLTZ, BRETT  
Address: 1718 BEECH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM ( ) Delete  
Name: LATROBE, CHARLES IV  
Address: 16800 OLD YORK ROAD  
City-St-Zip: MONKTON, MD 21111 US

Title: MGRM ( ) Delete  
Name: LATROBE, BARBARA  
Address: 16800 OLD YORK ROAD  
City-St-Zip: MONKTON, MD 21111 US

**ADDITIONS/CHANGES:**

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

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

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: MEREDITH EICHOLTZ

MGRM

10/08/2009

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