

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000070031

FILED
Oct 26, 2009
Secretary of State

Entity Name: CITRUS SPORTS & APPAREL, LLC

Current Principal Place of Business:

560 NORTH CITRUS AVENUE, SUITE B
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

560 NORTH CITRUS AVENUE, SUITE B
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

FEI Number: 20-5202817 **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:

WILSON, GINA
560 NORTH CITRUS AVENUE, SUITE B
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

ELDREDGE, ROBERT
3580 E GULF TO LAKE HWY
INVERNESS, FL 34453 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: ROBERT J ELDREDGE

10/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, GINA
Address: 9044 NORTH SANTOS DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: MGRM () Delete
Name: VIVERITO, ANTHONY
Address: 9013 NORTH JOANN DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34434 US

ADDITIONS/CHANGES:

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: GINA WILSON

MGRM

10/26/2009

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