## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000071878

CARR, PATRICIA

1696 OLD OKEECHOBEE RD 3A

WEST PALM BEACH, FL 33409

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA OUTDOORSMAN LLC

FILED Oct 29, 2009 Secretary of State

| Current Principal Place of Business: |  |   | New Principal Place of Business:                           |                                       |
|--------------------------------------|--|---|--|---------------------------------------|
|                                      | O OKEECHOB<br>ALM BEACH, I             |   |  |                                       |
| Current Mailing Address:             |  |   | New Mailing Address  | ::                                    |
|                                      | O OKEECHOB<br>ALM BEACH, I             |   |  |                                       |
|                                      | er: 20-8294074<br>ance with s. 607.    | FEI Number Applied For()  FEI<br>193(2)(b), F.S., the limited liability company | Number Not Applicable ( ) did not receive the prior notice | Certificate of Status Desired ( )     |
| Name an                              | d Address of                           | Current Registered Agent:   | Name and Address of  | f New Registered Agent:               |
|                                      | 'ATRICIA<br>D OKEECHOB<br>ALM BEACH, I |   |  |                                       |
|                                      | e named entity<br>te of Florida.       | / submits this statement for the purpos   | se of changing its registered                              | d office or registered agent, or both |
| SIGNATU                              | JRE: PATRIC                            | IA CARR   |  |                                       |
|                                      | Electro                                | onic Signature of Registered Agent  |  | Date                                  |
| MANAGING MEMBERS/MANAGERS:           |  |   | ADDITIONS/CHANGES:   |                                       |
| Title:                               | S (                                    | ) Delete  | 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: PATRICIA CARR MGR 10/29/2009