

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000082633

FILED  
Sep 15, 2010  
Secretary of State

**Entity Name:** BLACK OYSTER FAMILY, LLC

**Current Principal Place of Business:**

106 LAMPLIGHTER ROAD  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

106 LAMPLIGHTER ROAD  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

806 DOGWOOD DRIVE  
CASSELBERRY, FL 32707 US

FEI Number: 20-5946018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWARTZ, THOMAS  
106 LAMPLIGHTER ROAD  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

SWARTZ, THOMAS  
806 DOGWOOD DRIVE  
CASSELBERRY, FL 32707 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: THOMAS SWARTZ

09/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SWARTZ, PEARL M  
Address: 806 DOGWOOD DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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: PEARL M SWARTZ

MGRM

09/15/2010

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