

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000084108

Entity Name: PERU ISLAND, TP 1410, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

17121 CAPTIVA DRIVE
CAPTIVA, FL 33924

New Principal Place of Business:

Current Mailing Address:

17121 CAPTIVA DRIVE
CAPTIVA, FL 33924

New Mailing Address:

P O BOX 1088
CAPTIVA, FL 33924

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

WILLIAMS, THOMAS W
17121 CAPTIVA DRIVE
CAPTIVA, FL 33924 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: THOMAS W. WILLIAMS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, THOMAS W
Address: 17121 CAPTIVA DRIVE
City-St-Zip: CAPTIVA, FL 33924

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MRS () Change (X) Addition
Name: WILLIAMS, LENA M
Address: 17121 CAPTIVA DR.
City-St-Zip: CAPTIVA,, FL 33924

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: THOMAS W. WILLIAMS

MM

01/21/2009

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