

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAY 23 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04222008 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L06000085183</b> 1. Entity Name <b>TIGER CREEK HUNTING, LLC</b>					
Principal Place of Business <b>5800 SW 90TH LANE JASPER, FL 32052</b>			Mailing Address <b>5800 SW 90TH LANE JASPER, FL 32052</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 1689</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Jasper FL</b>		4. FEI Number <b>20-8586491</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32052</b>		Country <b>Hamilton</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GOOLSBY, LESLIE CLAY 5800 SW 90TH LANE JASPER, FL 32052</b>			7. Name and Address of New Registered Agent Name <b>Kenneth M. Daniels CPA-P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 Central Ave NW</b> City <b>Jasper</b> <b>FL</b> Zip Code <b>32052</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>[Signature] Kenneth M. Daniels, CPA</b> DATE <b>4-24-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GOOLSBY, LESLIE CLAY 5800 SW 90TH LANE JASPER, FL 32052</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000128113290</b> <b>05/01/08--01052--018 **277.50</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>REINSTATEMENT</b> <b>2007-2008</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4-28-08</b> Daytime Phone # <b>386 792 1906</b>		