

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000087253

**FILED**  
**Nov 03, 2008**  
**Secretary of State**

**Entity Name:** COURTNEY CRAVER PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

6502 MARINA POINTE VILLAGE CT  
101  
TAMPA, FL 33635

**New Principal Place of Business:**

2872 AVENIDA DE SOTO  
NAVARRE, FL 32566

**Current Mailing Address:**

PO BOX 5285  
TAMPA, FL 33675

**New Mailing Address:**

2872 AVENIDA DE SOTO  
NAVARRE, FL 32566

**FEI Number:** 20-5539898      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

CRAVER, COURTNEY  
6502 MARINA POINTE VILLAGE CT  
101  
TAMPA, FL 33635 US

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

CRAVER, COURTNEY  
2872 AVENIDA DE SOTO  
NAVARRE, FL 32566 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: COURTNEY CRAVER

11/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CRAVER, COURTNEY  
Address: PO BOX 5285  
City-St-Zip: TAMPA, FL 33675

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CRAVER, COURTNEY  
Address: 2872 AVENIDA DE SOTO  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM ( ) Change (X) Addition  
Name: DAVID, CRAVER  
Address: 2872 AVENIDA DE SOTO  
City-St-Zip: NAVARRE, FL 32566

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: COURTNEY CRAVER

MGRM

11/03/2008

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