

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000092002

Entity Name: STAYSAIL FARM, LLC

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

767 FIFTH AVENUE  
17TH FLOOR  
NEW YORK, NY 10153

**New Principal Place of Business:**

**Current Mailing Address:**

767 FIFTH AVENUE  
17TH FLOOR  
NEW YORK, NY 10153

**New Mailing Address:**

FEI Number: 20-5707834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

GALLE, CRAIG T ESQ.  
13501 SOUTH SHORE BOULEVARD  
SUITE 103  
WELLINGTON, FL 33414 US

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

GALLE, CRAIG T ESQ.  
13501 SOUTH SHORE BOULEVARD  
SUITE 103  
WELLINGTON, FL 33414 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: ELIZABETH MILLER

10/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, ELIZABETH R  
Address: 767 FIFTH AVENUE, 17TH FLOOR  
City-St-Zip: NEW YORK, NY 10153

**ADDITIONS/CHANGES:**

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: ELIZABETH MILLER

MGRM

10/31/2008

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