

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000013069

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** LINDLEE CROSS-DERMODY, LLC

**Current Principal Place of Business:**

138 RED CEDAR WAY  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

138 RED CEDAR WAY  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 20-8385880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CROSS-DERMODY, LINDLEE  
138 RED CEDAR WAY  
SANTA ROSA BEACH, FL 32459 US

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

CROSS-DERMODY, LINDLEE C MGMB  
138 RED CEDAR WAY  
SANTA ROSA BEACH, FL 32459 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: LINDLEE CROSS DERMODY

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CROSS-DERMODY, LINDLEE MGRM  
Address: 138 RED CEDAR WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: LINDLEE CROSS DERMODY

MGRM

04/27/2010

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