

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000026448

Entity Name: TIGER BAY NURSERY, LLC

FILED
Nov 10, 2009
Secretary of State

Current Principal Place of Business:

1410 LADUE LANE
SARASOTA, FL 34231

New Principal Place of Business:

115 E. OAK STREET
SUITE 201
ARCADIA, FL 34266

Current Mailing Address:

1410 LADUE LANE
SARASOTA, FL 34231

New Mailing Address:

115 E. OAK STREET
SUITE 201
ARCADIA, FL 34266

FEI Number: 20-8649081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, M. LEWIS III
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

HALL, DON THOMAS
115 E. OAK STREET
SUITE 201
ARCADIA, FL 34266 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: DON THOMAS HALL

11/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALL, M. LEWIS III
Address: 1410 LADUE LANE
City-St-Zip: SARASOTA, FL 34231

Title: MGR (X) Delete
Name: HALL, DON THOMAS
Address: 115 EAST OAK STREET, SUITE 201
City-St-Zip: ARADIA, FL 34266

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALL, DON THOMAS
Address: 115 E. OAK STREET, SUITE 201
City-St-Zip: ARCADIA, FL 34266

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: DON THOMAS HALL

MGR

11/10/2009

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