

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000028673

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** 5TH HOLE INVESTMENTS, LLC

**Current Principal Place of Business:**

1355 ERROL PARKWAY  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1355 ERROL PARKWAY  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 20-8657035      **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:**

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

LOWMAN, WILLIAM R JR ESQ  
SHUFFIELD LOWMAN & WILSON P.A.  
1000 LEGION PLACE, STE. 1700  
ORLANDO, FL 32801 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: WILLIAM LOWMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CASS, ROBERT  
Address: 1598 GOLFSIDE VILLAGE  
City-St-Zip: APOPKA, FL 32712

Title: MGR ( ) Change (X) Addition  
Name: KLEIN, JULIAN  
Address: 1583 CHAMPIONSHIP CT  
City-St-Zip: APOPKA, FL 32712 US

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: ROBERT CASS

MGR

04/30/2009

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