

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000049486

Entity Name: TAVARES WATERS, LLC

FILED
Nov 30, 2009
Secretary of State

Current Principal Place of Business:

106 LAMPLIGHTER RD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

106 LAMPLIGHTER RD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

PEARL, SWARTZ
106 LAMPLIGHTER RD
ALTAMONTE SPRINGS, FL 32714 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: PEARL M. SWARTZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUTZ, JOHN K
Address: 845 WILDMERE AVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: SWARTZ, PEARL
Address: 106 LAMPLIGHTER RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: SWARTZ, THOMAS
Address: 106 LAMPLIGHTER RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS SWARTZ

MGR

11/30/2009

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