

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000058366

**FILED**  
**Jul 07, 2009**  
**Secretary of State**

**Entity Name:** FLAMINGO CONCESSIONS, LLC

**Current Principal Place of Business:**

1602 WAKE LANE  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1602 WAKE LANE  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 26-0345413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331      US

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

PARSONS, JEFFERY B MGRM  
110 WEST HERMAN ST.  
PENSACOLA, FL 32505      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: JEFFERY B. PARSONS

07/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PARSONS, TAMMY  
Address: 1602 WAKE LANE  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HADLEY, TAMMY R  
Address: 1602 WAKE LANE  
City-St-Zip: GULF BREEZE, FL 32563

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: TAMMY R HADLEY

MGRM

07/07/2009

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