

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000064774

Entity Name: MONTEGO BAY, LLC

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1484 MARION AVENUE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

9664 DEER VALLEY DR.  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1484 MARION AVENUE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

6753 THOMQASVILLE ROAD  
SUITE 108-317  
TALLAHASSEE, FL 32312

FEI Number: 26-0766005      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:**

THOMPSON, SUSAN S  
3520 THOMASVILLE ROAD  
TALLAHASSEE, FL 32309      US

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

THOMPSON, SUSAN S  
3520 THOMASVILLE ROAD  
SUITE 108-317  
TALLAHASSEE, FL 32309      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: SUSAN S THOMPSON

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GLUESENKAMP, GORDON J III  
Address: 1484 MARION AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

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: GORDON J GLUESENKAMP III

MGRM

04/28/2009

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