

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000068039

Entity Name: SUWANNEE SPLASH, LLC

**FILED**  
**May 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1001 N OHIO AVE  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

273 SW MORRELLS COURT STE 102  
LAKE CITY, FL 32024

**New Mailing Address:**

4114 W US HWY 90  
LAKE CITY, FL 32024

FEI Number: 26-0492825      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:**

BOWEN, LAWRENCE D  
273 SW MORRELLS COURT STE 102  
LAKE CITY, FL 32024      US

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

BOWEN, LAWRENCE D  
4114 W US HWY 90  
LAKE CITY, FL 32024      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: LAWENCE BOWEN

05/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: LAWRENCE, BOWEN  
Address: 4114 W US HWY 90  
City-St-Zip: LAKE CITY, FL 32024

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: LAWRENCE BOWEN

OWNE

05/21/2009

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