

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000079114

FILED
Sep 28, 2009
Secretary of State

Entity Name: NORTH WEST FLORIDA OUTDOOR SERVICES LLC

Current Principal Place of Business:

16 JEFFERSON PLACE
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 117
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 26-1277186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHRISTENSEN, PAUL A
235 LAFITTE CRESCENT
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: PAUL A CHRISTENSEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTENSEN, PAUL A P.
Address: 235 LAFITTE CRESCENT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: GERE, LYN M V.P
Address: 40 OLDE CYPRESS CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: LILLY, JAMES R S.O.T
Address: 41 SILVA DR.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: STUNTZ, DEVAN L S.O.O
Address: 235 LAFITTE CRESCENT
City-St-Zip: FORT WALTON BCH, FL 32547

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHRISTENSEN, PAUL A P.
Address: 248 LIVE OAK LANE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM (X) Change () Addition
Name: GERE, LYN M V.P
Address: 40 OLDE CYPRESS CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM (X) Change () Addition
Name: CHRISTENSEN, TREVOR A S.O.T
Address: 248 LIVE OAK LANE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM (X) Change () Addition
Name: STUNTZ, DEVAN L S.O.O
Address: 248 LIVE OAK LANE
City-St-Zip: FORT WALTON BCH, FL 32547 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: PAUL A CHRISTENS

PRES

09/28/2009

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