

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000088392

FILED
Jan 14, 2009
Secretary of State

Entity Name: BAYOU DRIVE, LLC

Current Principal Place of Business:

1295 BEVERLY STREET
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

76 BEAL PARKWAY SW
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

1295 BEVERLY STREET
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

76 BEAL PARKWAY SW
FORT WALTON BEACH, FL 32548 US

FEI Number: 59-3613040 **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:

RODGERS, SUSAN N
1295 BEVERLY STREET
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

RODGERS, SUSAN N
76 BEAL PARKWAY SW
FORT WALTON BEACH, FL 32548 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 N RODGERS

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODGERS, SUSAN N
Address: 1295 BEVERLY STREET
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RODGERS, SUSAN N
Address: 76 BEAL PARKWAY SW
City-St-Zip: FORT WALTON BEACH, FL 32548 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: SUSAN A RODGERS

MGR

01/14/2009

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