

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000101270

**FILED**  
**Jun 29, 2009**  
**Secretary of State**

**Entity Name:** BAYSHORE ACADEMY, L.L.C.

**Current Principal Place of Business:**

1012 DONALD ROAD  
N. FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

1012 DONALD ROAD  
N. FORT MYERS, FL 33917

**New Mailing Address:**

9575 HEMINGWAY LANE  
4406  
FORT MYERS, FL 33913

**FEI Number:** 26-2040421      **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:**

WRIGHT, CHRISTINE F  
2735 SANTA BARBARA BLVD., SUITE 201  
CAPE CORAL, FL 33914      US

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

WALL, KAREN L RA  
9575 HEMINGWAY LANE  
UNIT 4406  
FORT MYERS, FL 33913      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: KAREN L. WALL

06/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WALL, KAREN L  
Address: 9575 HEMINGWAY LANE, #4406  
City-St-Zip: FORT MYERS, FL 33913

**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: KAREN L WALL

MGR

06/29/2009

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